

FILED OCT 10 1949

STANDARD CERTIFICATE OF DEATH

State File No. 29786

3406  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5406 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) Eldhead		c. CITY (If outside corporate limits, write RURAL and give township) Elkhead	
c. LENGTH OF STAY (In this place) 35 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Mary	a. (First)	b. (Middle) E.	c. (Last) Shortt	4. DATE OF DEATH (Month) (Day) (Year) 7-24-49
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-20-76	9. AGE (In years last birthday) Months Days Hours Min. 73
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Mack McThana	13b. MOTHER'S MAIDEN NAME Rachel Bowlan	14. NAME OF HUSBAND OR WIFE Sam T. Shortt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME F.O. Shortt	ADDRESS Elkhead, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure		INTERVAL BETWEEN ONSET AND DEATH  42 1/2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aortic Regurgitation		
	DUE TO (c) Arteriosclerosis		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-20, 1949, to 7-24, 1949, that I last saw the deceased alive on 7-24, 1949, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE W. E. Shannon	(Degree or title)	23b. ADDRESS Ava, Mo.	23c. DATE SIGNED Aug 4/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-24-49	24c. NAME OF CEMETERY OR CREMATORY Maggard	24d. LOCATION (City, town, or county) (State) Elkhead, Missouri
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DATE REC'D BY LOCAL REG. Sept. 5-49	REGISTRAR'S SIGNATURE Vestal Bealman	25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard	ADDRESS Funeral Home, Ava, Mo.
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RECEIVED SEP 16 1949

Health Office No 6

District File Number 1049-1063

Date Filed 10-8-49

Friends took care of body, did not have Undertaker.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Charles R. Fish*

Licensed Embalmer No. 4662

P. O. Address Ava, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.