

FILED OCT 6 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30781

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2101</u>		Registrar's No. <u>4321</u>				
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).						
a. COUNTY <u>Jasper</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jasper</u>				
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		d. STREET ADDRESS <u>1014 Sergeant</u>		OR TOWN _____				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HI-WAY 66 West of Joplin</u>				d. STREET ADDRESS (If rural, give location) _____						
3. NAME OF DECEASED			4. DATE OF DEATH		5. SEX		6. COLOR OR RACE			
a. (First) <u>DALE</u>		b. (Middle) _____		c. (Last) <u>SHORT</u>		8. DATE OF BIRTH <u>7-8-1934</u>		9. AGE (In years last birthday) <u>15</u>		
(Type or Print)				(Month) (Day) (Year) <u>9 29 49</u>		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STUDENT</u>		11. BIRTHPLACE (State or foreign country) <u>JOPLIN MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				
13a. FATHER'S NAME <u>HOMER M. SHORT</u>			13b. MOTHER'S MAIDEN NAME <u>MARY FRANCIS STACY</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Short</u>			ADDRESS <u>1014 Sergeant</u>		
18. CAUSE OF DEATH			MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Injuries multiple extreme</u>							
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES							
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
			DUE TO (b) <u>including basilar skull fracture and</u>							
			DUE TO (c) <u>Compound fractures of the left tibia and fibula</u>							
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE <u>Struck by car</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 66 Near Joplin Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Joplin</u>		(COUNTY) <u>Jasper</u>		(STATE) <u>Missouri</u>		
21d. TIME OF INJURY (Month) (Day) (Year) <u>September 29 1949</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by Car driven by parties unknown</u>						
22. I hereby certify that I attended the deceased from <u>Cornelia</u> to <u>Greene</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE <u>W. W. ...</u>					23b. ADDRESS <u>Joplin Mo</u>			23c. DATE SIGNED <u>9-30-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEM</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN MO</u>				
DATE REC'D BY LOCAL REG. <u>10-1-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>HORLBY CLOVER MORT.</u>					
					ADDRESS <u>462</u>					

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Jasper County Health Office

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Date Filed 10-3-49

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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

Dale Glover

Licensed Embalmer No. 4593

P. O. Address

Joplin, 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.