

FILED MAR 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. ....

730

|                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                   |                                                            |                                                                                                                                            |  |                                               |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|----------------------------------|
| BIRTH NO. _____                                                                                                                                                                                                                          |  | REG. DIST. NO. <u>245</u>                                                                                                                                                                                         |                                                            | PRIMARY REG. DIST. NO. <u>5836</u>                                                                                                         |  | Registrar's No. <u>21</u>                     |                                  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Newton</u>                                                                                                                                                                                             |  |                                                                                                                                                                                                                   |                                                            | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> |  |                                               |                                  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Rural</u>                                                                                                                                             |  | c. LENGTH OF STAY (in this place)                                                                                                                                                                                 |                                                            | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Rural</u>                                               |  | <u>0730</u>                                   |                                  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neosho Twp.</u>                                                                                                                                                                               |  |                                                                                                                                                                                                                   |                                                            | d. STREET ADDRESS (If rural, give location) <u>Neosho Twp.</u>                                                                             |  |                                               |                                  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Edgar</u> b. (Middle) <u>LeRoy</u> c. (Last) <u>Short</u>                                                                                                                           |  |                                                                                                                                                                                                                   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27, 1950</u> |                                                                                                                                            |  |                                               |                                  |
| 5. SEX <u>Male</u>                                                                                                                                                                                                                       |  | 6. COLOR OR RACE <u>White</u>                                                                                                                                                                                     |                                                            | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>                                                                      |  | 8. DATE OF BIRTH <u>April 24, 1873</u>        |                                  |
| 9. AGE (In years last birthday) <u>76</u>                                                                                                                                                                                                |  | IF UNDER 1 YEAR Months <u>10</u> Days <u>3</u>                                                                                                                                                                    |                                                            | IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>                                                                                            |  |                                               |                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>                                                                                                                             |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>                                                                                                                                                                 |                                                            | 11. BIRTHPLACE (State or foreign country) <u>Iowa</u>                                                                                      |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>    |                                  |
| 13a. FATHER'S NAME <u>Unknown</u>                                                                                                                                                                                                        |  | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u>                                                                                                                                                                          |                                                            | 14. NAME OF HUSBAND OR WIFE                                                                                                                |  |                                               |                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>                                                                                                                       |  | 16. SOCIAL SECURITY NO. <u>489-24-6640</u>                                                                                                                                                                        |                                                            | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessie J. Short, Opolis Kansas</u>                                                            |  |                                               |                                  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)                                                                                                                                                                |  | MEDICAL CERTIFICATION                                                                                                                                                                                             |                                                            |                                                                                                                                            |  |                                               | INTERVAL BETWEEN ONSET AND DEATH |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>                                                                                    |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown, Probable organic</u>                                                                                                            |                                                            |                                                                                                                                            |  |                                               |                                  |
|                                                                                                                                                                                                                                          |  | ANTECEDENT CAUSES                                                                                                                                                                                                 |                                                            |                                                                                                                                            |  |                                               |                                  |
|                                                                                                                                                                                                                                          |  | <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>heart failure, Had been dead about</u></p> <p>DUE TO (c) <u>one hour when found.</u></p> |                                                            |                                                                                                                                            |  |                                               |                                  |
| II. OTHER SIGNIFICANT CONDITIONS                                                                                                                                                                                                         |  | <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p><u>Natural Causes</u></p>                                                                               |                                                            |                                                                                                                                            |  |                                               | <u>4343</u>                      |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                   |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                  |                                                            |                                                                                                                                            |  |                                               |                                  |
| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>Natural Causes</u>                                                                                                                                                                           |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                                                                                                          |                                                            | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Neosho, Newton Missouri</u>                                                        |  |                                               |                                  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb, 27, 1950 6P.</u>                                                                                                                                                                 |  | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                 |                                                            | 21f. HOW DID INJURY OCCUR? <u>Natural Causes</u>                                                                                           |  |                                               |                                  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>on Feb. 27, 1950</u> , and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above. |  |                                                                                                                                                                                                                   |                                                            |                                                                                                                                            |  |                                               |                                  |
| 23a. SIGNATURE (Degree or title) <u>Corley Thompson</u> Coroner                                                                                                                                                                          |  |                                                                                                                                                                                                                   |                                                            | 23b. ADDRESS <u>Neosho Missouri</u>                                                                                                        |  | 23c. DATE SIGNED <u>2/28/50/</u>              |                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>                                                                                                                                                                                 |  | 24b. DATE <u>3-1-1950</u>                                                                                                                                                                                         |                                                            | 24c. NAME OF CEMETERY OR CREMATORY <u>Wellington Kansas</u>                                                                                |  | 24d. LOCATION (City, town, or county) (State) |                                  |
| DATE REC'D BY LOCAL REG. <u>Feb. 28, 1950</u>                                                                                                                                                                                            |  | REGISTRAR'S SIGNATURE <u>Delvin C. Rossman</u> <u>223</u>                                                                                                                                                         |                                                            | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Corley Thompson Neosho Mo.</u>                                                                 |  |                                               |                                  |

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

RECEIVED

District Health Officer No. Newton Co. Health Dept.  
District File Number 220-61  
Date Filed MAR 7 1950

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 R. Kenneth Patterson.....

Licensed Embalmer No. 4697.....

P. O. Address Newark, 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.