

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23429
Registrar's No. 30

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) West Plains		c. CITY (If outside corporate limits, write RURAL and give township) Willow Springs, 1460	
c. LENGTH OF STAY (in this place) 1 1/2 Dys.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christa-Hogan Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Leonard b. (Middle) Price c. (Last) SHORT			4. DATE OF DEATH (Month) (Day) (Year) July 18, 1950
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 8, 1898
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months 10	IF UNDER 12 MOS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer		10b. KIND OF BUSINESS OR INDUSTRY Mo. Hgw. Dept.	11. BIRTHPLACE (State or foreign country) Cameron, Illinois.
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Joseph E. Short		13b. MOTHER'S MAIDEN NAME Eunice Morey	
14. NAME OF HUSBAND OR WIFE Mary W. Short			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW #1.		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary W. Short, Willow Springs, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES DUE TO (b) Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) arteriosclerosis 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 (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7/17</u> , 19 <u>50</u> , to <u>7/18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7/18</u> , 19 <u>50</u> , and that death occurred at <u>1:55 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE C. Callahan M.D.		23b. ADDRESS West Plains, Mo.	
23c. DATE SIGNED 7/18/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 21, 1950	
24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Butler, Mo.	
DATE REC'D BY LOCAL REG. 8-1-50		REGISTRAR'S SIGNATURE Beatrice Cook 379	
25. FUNERAL DIRECTOR'S SIGNATURE Burns Funeral Home, Willow Spgs., Mo		ADDRESS	

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

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~~DIVISION OF HEALTH OF MO.
District No. 5 - Springfield~~

~~RECEIVED JUL 25 1950~~

~~Dist. File~~

~~Date Filed~~

~~AUG 17 1950~~

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 7 1950
Dist. File 850-938
Date Filed 8-7-50

~~SEPA 1935~~

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

Fred W. Barnes
Fred W. Barnes,

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.