

FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19107

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, write RURAL and give town or TOWN Marshall)
c. LENGTH OF STAY (in this place) 2 dys.
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Missouri b. COUNTY Saline
c. CITY (If outside corporate limits, write RURAL and give town or TOWN Rural (Marshall, TWP): 0970
d. STREET ADDRESS (If rural, give location) Vers Addition 0

3. NAME OF DECEASED a. (First) THEODORE b. (Middle) THOMAS c. (Last) SHORT
4. DATE OF DEATH (Month) (Day) (Year) May 15 1951

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /
8. DATE OF BIRTH July 8th, 1895 9. AGE (In years last birthday) 55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker
10b. KIND OF BUSINESS OR INDUSTRY Trucking
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Thomas Short
13b. MOTHER'S MAIDEN NAME BROWN Theresa Alice Short
14. NAME OF HUSBAND OR WIFE Mrs Theodore T. Short

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW #1
16. SOCIAL SECURITY NO. 487-12-8192
17. INFORMANT'S SIGNATURE OR NAME Mrs Theodore T. Short ADDRESS Marshall, Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION 331X
20. AUTOPSY? YES NO

21a. 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) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950, to May 15, 1951, that I last saw the deceased alive on May 14, 1951, and that death occurred at 12:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE James C. Reed (Degree or title) M.D.
23b. ADDRESS Marshall, Mo.
23c. DATE SIGNED 5/15/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 16, 1951
24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cem.
24d. LOCATION (City, town, or county) (State) Marshall Mo.

DATE REC'D BY LOCAL REG. May 16-1951
REGISTRAR'S SIGNATURE Sidney J. Gray 385
25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger ADDRESS Marshall, Mo.

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

0972
0

RECEIVED 5-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-21-51 _____

JUN 20 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.