

FILED JUL 9-1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20907

BIRTH NO. _____		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 5905		Registrar's No. 68	
1. PLACE OF DEATH a. COUNTY <u>Permissat</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Portageville rural</u> c. LENGTH OF STAY (In this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Permissat</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Portageville</u> d. STREET ADDRESS (If rural, give location) <u>Rt 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>T</u> c. (Last) <u>Short</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-20-51</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2-14-1895</u>		9. AGE (In years last birthday) <u>56</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>6</u>	
11. BIRTHPLACE (State or foreign country) <u>Pascala Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Charles Short</u>		13b. MOTHER'S MAIDEN NAME <u>Isabelle Kimes</u>	
14. NAME OF HUSBAND OR WIFE <u>Mr Charles Wood Shorton Mo</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr Charles Wood Shorton Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchogenic Carcinoma with generalized metastases</u> 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 <u>3 days</u> <u>8 mos</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>162x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Portageville Permissat Mo</u>		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? _____		22. I hereby certify that I attended the deceased from <u>June 19, 1951</u> , to <u>June 19, 1951</u> , that I last saw the deceased alive on <u>June 19, 1951</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>L. B. Painter Jr. M.D.</u>	
23b. ADDRESS <u>Portageville Mo.</u>		23c. DATE SIGNED <u>20 June 51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>6-22-51</u>	
24c. NAME OF CEMETERY OR CREMATOR <u>Dry Bayou</u>		24d. LOCATION (City, town, or county) (State) <u>Concord Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. German</u>		25. ADDRESS <u>German Undert Co Stele Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-2-51</u>		REGISTRAR'S SIGNATURE <u>John W. German</u>		26. (Licensed Embalmer's Statement on Reverse Side)			

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

7-51-171

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

JUL 6 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

John W. Gorman

Signed.....

Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.