

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23566**

FILED AUG 10 1951

BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **79**

0542

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

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Lexington		c. CITY (If outside corporate limits, write RURAL and give township) Lexington	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) 24th and Franklin	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lexington Memorial Hospital			

3. NAME OF DECEASED a. (First) LAURA b. (Middle) VIRGINIA c. (Last) SHORT			4. DATE OF DEATH (Month) (Day) (Year) July 21 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	
8. DATE OF BIRTH April 3, 1884		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 3 Days 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Russellville, Tennessee	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Ephram Blevins		13b. MOTHER'S MAIDEN NAME Sarah Jones		14. NAME OF HUSBAND OR WIFE Arthur Short	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maude Kelly Lexington, Missouri	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 7 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		2 days	
		DUE TO (c) Valvular heart disease		?	
		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 4214		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)	
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 **July 14, 1951**, to **July 21, 1951**, that I last saw the deceased alive on **July 21, 1951**, and that death occurred at **12:40 p.m.** from the causes and on the date stated above.

23a. SIGNATURE [Signature]		(Degree or title) MD		23b. ADDRESS Lexington, Mo	
23c. DATE SIGNED July 24/1951					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 24, 1951		24c. NAME OF CEMETERY OR CREMATORY Maehpelah	
24d. LOCATION (City, town, or county) (State) Lexington Missouri					

DATE REC'D BY LOCAL REG. July 30/1951		REGISTRAR'S SIGNATURE [Signature]		FURNERAL DIRECTOR'S SIGNATURE [Signature]	
				ADDRESS [Address]	

RECEIVED 8-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-9-51 _____

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 _____

Thomas J. Larson

Student Embalmer No. 427

working under my personal supervision.

Student *Thomas J. Larson*

Student Embalmer

Signed

Leo M. Keane

Licensed Embalmer No. 2983

P. O. Address *Jefferson Missouri*

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.