

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12689

FILED MAR 20 1953

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 546	Registrar's No. 715
1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OVERLAND		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OVERLAND 2439X		
c. LENGTH OF STAY (in this place) 3YRS		d. STREET ADDRESS (If rural, give location) 10727 LACKLINK		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 10727 LACKLINK				
3. NAME OF DECEASED (Type or Print) a. (First) ALICE		b. (Middle) SHORT		c. (Last) SHORT
4. DATE OF DEATH (Month) (Day) (Year) 3 3 53				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 11-27-69	9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) RICHWOODS, MO	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME HARRISON HULLSEY		13b. MOTHER'S MAIDEN NAME MARY GIARDIER	14. NAME OF HUSBAND OR WIFE J.E. 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 EARL SHORT ADDRESS ST. CLAIR 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH hours
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Virus bronchitis		2 weeks
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 50IX		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) None		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 23 Feb, 1953 , to 3 March, 1953 that I last saw the deceased alive on 3 March, 1953 , and that death occurred at 11:20 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE Paul R. Whitener M.D. (Degree or title)		23b. ADDRESS 8423 Millwood, St. Louis (14) MO		23c. DATE SIGNED 4 March 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-6-53	24c. NAME OF CEMETERY OR CREMATORY PROSPECT	24d. LOCATION (City, town, or county) (State) LONEDELL MO
DATE REC'D BY LOCAL REG. 3-4-53		REGISTRAR'S SIGNATURE Harriet R. Domb-M. P. Casey		25. FUNERAL DIRECTOR'S SIGNATURE St. Clair MO ADDRESS

P.T.

(Licensed Embalmer's Statement on Reverse Side)

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

00X
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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

H. M. Ford

Licensed Embalmer No.

3601

P. O. Address

St. Louis, 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.