

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24563

State File No. ....

V. S. No. 300

Rev. 10-48

FILED AUG 12 1953

BIRTH NO. ....

REG. DIST. NO. 140

PRIMARY REG. DIST. NO. 302K Registrar's No. 76

0451

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD 0

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. CITY OR TOWN <u>Harrisburg</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Lee Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0120</u>	
3. NAME OF DECEASED a. (First) <u>JAMES</u> b. (Middle) <u>RICE</u> c. (Last) <u>SHORT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 23 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>6-11-1899</u>
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Lynn Short</u>	
13b. MOTHER'S MAIDEN NAME <u>India Lyon</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Short, Columbia, Missouri</u>		ADDRESS	
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) <u>Chronic Myeloid Leucemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>  ANTECEDENT CAUSES Morbidity 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. <u>2041</u>	
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)		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>July 20, 1953</u> , to <u>July 23, 1953</u> , that I last saw the deceased alive on <u>23 July 1953</u> , and that death occurred at <u>5:30 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>M. G. Shaw M.D.</u>		23b. ADDRESS <u>Fayette Mo</u>	
23c. DATE SIGNED <u>28 July 1953</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7-26-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker Funeral Service Columbia, Mo</u>	
DATE REC'D BY LOCAL REG. <u>28 July 53</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed: *M. S. Whitman*.....

Licensed Embalmer No. *3893*.....

P. O. Address *3893*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.