

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12904**

FILED MAY 3 1954 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <i>Sedalia</i> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <i>Sedalia</i> TOWN <i>mo</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bothwell</i>		d. STREET ADDRESS (If rural, give location) <i>1015 S Ohio</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Leo</i> b. (Middle) <i>Wilbur</i> c. (Last) <i>Short</i>		4. DATE OF DEATH (Month) <i>Apr</i> (Day) <i>23</i> (Year) <i>1954</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept 18-1888</i>
9. AGE (In years last birthday) <i>65</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <i>Hardware Salesman</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>At Auburn Iowa</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>A. F. Short</i>	13b. MOTHER'S MAIDEN NAME <i>Carrie Skiles</i>	14. NAME OF HUSBAND OR WIFE <i>Edna</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Edna Short</i>	
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) <i>Adenocarcinoma of the colon with generalized metastasis</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>metastasis</i> DUE TO (c) <i>—</i> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <i>—</i>	
19a. DATE OF OPERATION <i>—</i>		19b. MAJOR FINDINGS OF OPERATION <i>—</i>	
20. AUTOPSY? YES ☐ NO ☒		153X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>—</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>—</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>—</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <i>—</i>	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? <i>—</i>	
22. I hereby certify that I attended the deceased from <i>January</i> , 1954, to <i>April 23</i> , 1954, that I last saw the deceased alive on <i>April 23</i> , 1954, and that death occurred at <i>6-25P</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>David R. Edwards M.D.</i>		23b. ADDRESS <i>Sedalia Mo</i>	23c. DATE SIGNED <i>4/24/54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Apr 26-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Smithton</i>	24d. LOCATION (City, town, or county) (State) <i>Smithton Mo</i>
DATE REC'D BY LOCAL REG. <i>4/26-54</i>	REGISTRAR'S SIGNATURE <i>G. Campbell M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>M. F. Newmyer</i>	
ADDRESS <i>Smithton Mo</i>			

2-310 (Licensed Embalmer's Statement on Reverse Side)

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

MAY 4 1955

JUL 5 1955

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 _____

A. F. Hammer

Licensed Embalmer No. 3912

P. O. Address Smithton 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.