

FILED MAY 25 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17699**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>Nevada</u>		c. CITY OR TOWN <u>Bronaugh</u>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East Hickory St. Ry. Crossing.</u>		e. STREET ADDRESS (If rural, give location) <u>1080</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mal</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Short</u>	4. DATE OF DEATH (Month) (Day) (Year)
	<u>Mal</u>	<u>Lee</u>	<u>Short</u>	<u>5 16 1954</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>3-16-1931</u>	9. AGE (In years last birthday) <u>23</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Juvin, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>L.W. Short</u>	13b. MOTHER'S MAIDEN NAME <u>Katie Bewley</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes May 1952 - May 1954</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. L.W. Short</u>	ADDRESS <u>Bronaugh, Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe head injury</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
	ANTECEDENT CAUSES Morbid 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>E8104 27</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm factory, street, office bldg., etc.) <u>Railroad Crossing</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada Vernon Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hrs) (Mins) <u>MAY 16 1954 2:52 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Struck by M.K.T. freight train</u>
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22. I hereby certify that I attended the deceased from MAY 16, 1954, to MAY 16, 1954, that I last saw the deceased alive on MAY 16, 1954, and that death occurred at 2:52 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Armitage, M.D.</u> (Degree or title)	23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>5-18-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheldon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sheldon - Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-20-54</u>	REGISTRAR'S SIGNATURE <u>Arma &amp; Ferry</u> 451	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orshinger Funeral Home - Nevada Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

082  
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SEP 13 1954

MAY 25 1954

MAY 28 1954

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 *Percy F. Melster*.....

Licensed Embalmer No. *480*

P. O. Address *Nevada, I*

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.