

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37897

State File No.

FILED DEC 14 1954

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4266 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellington, Missouri</u>	c. LENGTH OF STAY (If this place) <u>58</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellington, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>one block west 231 highway</u>		d. STREET ADDRESS (If rural, give location) <u>0580</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>IDA</u>	b. (Middle) <u>(n)</u>	c. (Last) <u>SHORT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 21, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 9, 1878</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Rich Hill, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm. H. Callison</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Owens</u>	14. NAME OF HUSBAND OR WIFE <u>Floyd Short</u>
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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>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Floyd Short Jr.</u>	ADDRESS <u>Wellington, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Ascending Colon</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>2 years</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>153 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 10, 1953, to 11-21-, 1954, that I last saw the deceased alive on 11-21-, 1954, and that death occurred at 10:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u> D.O.	23b. ADDRESS <u>Wellington, Missouri</u>	23c. DATE SIGNED <u>11/23/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 24, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wellington City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wellington, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11/23/54</u>	REGISTRAR'S SIGNATURE <u>Emma Davidson</u>	4-53-	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Sheppard, Wellington, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0540

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 4179

P. O. Address Wellington, N.C.

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.