

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7048

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Vernon
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY Vernon

b. CITY (If outside corporate limits, write RURAL and give township) Nevada c. LENGTH OF STAY (In this place) 2 WEEKS
c. CITY OR TOWN Nevada d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada City Hospital
STREET ADDRESS (If rural, give location) 1008 N Washington 10820

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) RICHARD c. (Last) SHORTEN
4. DATE OF DEATH (Month) 2 (Day) 13 (Year) 55

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Oct 30 1899 9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (City and State or Foreign Country) Bourbon Co., Kans. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Francis W. Shorten 13b. MOTHER'S MAIDEN NAME Mary A Toler 14. NAME OF HUSBAND OR WIFE Blanche E. Shorten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war/grades of service) NO 16. SOCIAL SECURITY NO. 489-34-9455 17. INFORMANT'S SIGNATURE OR NAME Richard L. Shorten ADDRESS Nevada, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis of Abdomen and Liver.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the stomach
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 151 X
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION 9-14-54 19b. MAJOR FINDINGS OF OPERATION (total gastric resection) obstruction 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Sept. 1, 1954, to Feb. 13, 1955, that I last saw the deceased alive on Feb. 12, 1955, and that death occurred at 7:15 m., from the causes and on the date stated above.

23a. SIGNATURE R. B. Wray, M.D. 23b. ADDRESS Moore Building, Nevada, Mo. 23c. DATE SIGNED 2-14-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-16-55 24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park 24d. LOCATION (City, town, or county) (State) Nevada, Mo.

DATE REC'D BY LOCAL REG. 2-17-1955 REGISTRAR'S SIGNATURE Anna E. Ferry 25. FUNERAL DIRECTOR'S SIGNATURE Shorten Funeral Home Nevada, Mo. ADDRESS _____
(Licensed Embalmer's Statement on Reverse Side)

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

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.....

John H. Underwood

Licensed Embalmer No. 35

P. O. Address Butler

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.