

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12132  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Vernon</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Vernon</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Nevada</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">3 weeks</p>		c. CITY OR TOWN <p style="text-align: center;">Walker</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Nevada Hospital</p>		d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		e. STREET ADDRESS (If rural, give location) <p style="text-align: center;">Rural R#2 <span style="float: right;">1080</span></p>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p style="text-align: center;">Naomi</p>	b. (Middle) <p style="text-align: center;">Grace</p>	c. (Last) <p style="text-align: center;">Short</p>	(Month) <p style="text-align: center;">March</p>	(Day) <p style="text-align: center;">20</p>	(Year) <p style="text-align: center;">1956</p>
5. SEX <p style="text-align: center;">FM</p>	6. COLOR OR RACE <p style="text-align: center;">Wh</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>	8. DATE OF BIRTH <p style="text-align: center;">August 27 1898</p>		9. AGE (In years last birthday) <p style="text-align: center;">57</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Housewife</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Own home</p>	11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Cooper County Missouri</p>		12. CITIZEN OF WHAT COUNTRY <p style="text-align: center;">USA</p>
13a. FATHER'S NAME <p style="text-align: center;">Robert Branstetter</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Coffman</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Oral Daniel Short</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">None</p>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">Oral D. Short, R#2, Walker, Mo.</p>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion Massive</u>			<u>sudden</u>
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic cardiovascular disease</u> <u>Euremia + hypotension</u> DUE TO (c) <u>Diabetes mellitus, severe</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>unknown</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <p style="text-align: center;">260X</p>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 March 7, 1954, to March 20, 1956, that I last saw the deceased alive on March 19, 1956, and that death occurred at 9:40 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p style="text-align: center;">James Alasco MD</p>		23b. ADDRESS <p style="text-align: center;">Nevada Mo</p>		23c. DATE SIGNED <p style="text-align: center;">March 22</p>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">BURIAL</p>	24b. DATE <p style="text-align: center;">1956 March 22nd,</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Mt. Vernon</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Vernon County, Missouri</p>		
DATE REC'D BY LOCAL REG. <p style="text-align: center;">3-23-56</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Anna J. Ferry</p>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p style="text-align: center;">Ferry Funeral Home, Nevada, Mo.</p>	

(Licensee/Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *L. Angles Ferry* .....

Licensed Embalmer No...4...

P. O. Address ..... Nevad.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.