

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014580

STATE FILE NUMBER

FILED APR 16 1958

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 169

5. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY Cass, Mo	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE		c. CITY OR TOWN PLEASANT HILL	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SAVITARIUM		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last EDNA MAY SHORT		4. DATE OF DEATH Month Day Year April 8 1958	
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 25, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTH PLACE (City and state or country) Springfield, Mo
13a. FATHER'S NAME Issac Stokes Wunder		13b. MOTHER'S MAIDEN NAME Mary Ashworth	14. NAME OF HUSBAND OR WIFE unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mrs Wallace Bailey Pleasant Hill, Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute gastroenteritis with shock.			INTERVAL BETWEEN ONSET AND DEATH 36 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized rheumatoid arthritis			years
DUE TO (c) 5711 F			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Non union left hip fracture.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 11/8/56	20f. CITY, TOWN, OR LOCATION COUNTY STATE 4-8-58
21. I attended the deceased from 11/8/56 to 4-8-58 and last saw her alive on 4-8-58 Death occurred at 6:20 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Drs. Grabske & Link Vance E. Link M.D.		22b. ADDRESS 10901 Winner, Independence, Mo.	22c. DATE SIGNED 4-9-58
23a. BURNAL, CREMATION, REMOVAL (Specify) Removal April 7, 1958	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill	23d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo
24. FUNERAL DIRECTOR Roland R. Speaks Missouri	25. DATE RECD. BY LOCAL REG. 4-7-58	26. REGISTRAR'S SIGNATURE Walter H. Bailey	

APR 15 1958

APR 22 1958

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 *Rollie Kessel* .....

Licensed Embalmer No. *4690* .....

P. O. Address *Indep. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.