SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-005963
STATE FILE NUMBER

AMENDED

Registration District No. 227 Primary Registration District No. 5803 Registrar's No. 8

FILED VS MAR 6 1961

1. PLACE OF DEATH
a. COUNTY MONROE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDIAN CREEK TOWNSHIP — Length of stay in Ib 90 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STOUTSVILLE, Mo R2 — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE MISSOURI b. COUNTY MONROE
c. CITY OR TOWN STOUTSVILLE, MO — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) ROUTE 2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First SERENO Middle ELMER Last SHORTRIDGE
4. DATE OF DEATH Month MARCH Day 2 Year 1961
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-8-1870
9. AGE (last birthday) 90 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY OWN FARM
11. BIRTHPLACE (City and state or country) MONROE COUNTY, MO
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JAMES H. SHORTRIDGE
13b. MOTHER'S MAIDEN NAME AMANDA E. WILLIAMS
14. NAME OF HUSBAND OR WIFE CECELIA H. SHORTRIDGE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Cecil Shortridge Address Stoutsville Mo R2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CHRONIC MYOCARDITIS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIO SCLEROSIS
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) INFLUENZA
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from NOV. 28-1950 to MAR. 2-1961 and last saw ~~her~~ him alive on JAN. 27-1961
Death occurred at 1.30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold F. Ellis (Degree or title) D.O.
22b. ADDRESS Monroe City - Mo.
22c. DATE SIGNED MAR 3-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 3-4-1961
23c. NAME OF CEMETERY OR CREMATORY St JUDES CEMETERY
23d. LOCATION (City, town, or county) MONROE CITY, MO (State)

24. FUNERAL DIRECTOR Wilson Hess ADDRESS Monroe City Mo
25. DATE RECD. BY LOCAL REG. 3-4-61
26. REGISTRAR'S SIGNATURE J. A. Bennett M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

MAR 14 1961

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 me, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie L. Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.