

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16567
STATE FILE NUMBER

FILED MAY 31 1957

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway #50 East		STREET ADDRESS (If outside, give location) Highway #50 East	

3. NAME OF DECEASED (Type or print) James Glen Shorter			4. DATE OF DEATH May 27, 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 2, 1902	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Hrs. last birthday) 54 Months 9 Days 25 Hours Min. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (City and state or country) High Point, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Shorter	13b. MOTHER'S MAIDEN NAME Eliza Morgan	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO. 491-24-3341	17. INFORMANT Mr. Dean Shorter Eldon, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 9 mo. 3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO Chronic atherosclerosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? 0 YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Aug 5, 1956 to 5-27-57 and last saw him alive on April 30, 1957 Death occurred at 12:00 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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21a. SIGNATURE (Degree or title) Edward R Bolner, M.D.	21b. ADDRESS Jefferson City, Mo	21c. DATE SIGNED 5-28-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 29, 1957	23c. NAME OF CEMETERY OR CREMATOR Modern Woodman Cemetery	23d. LOCATION (City, town, or county) (State) High Point, Mo.
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24. FUNERAL DIRECTOR'S ADDRESS Victor Bueschu, J.C.Mo	25. DATE RECD. BY LOCAL REG. 28 May 1957	26. REGISTRAR'S SIGNATURE R.P. Davis, M.D. MR
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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 31 1957

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 *Victor Buescher*

Licensed Embalmer No. *3701*

P. O. Address *J.C. 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.