# RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–033496

STATE FILE NUMBER

FILED VS SEP 22 1959

Registration District No. 316 Primary Registration District No. — Registrar's No. 354

IDED

1. PLACE OF DEATH
a. COUNTY St. Francois.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bismarck, Route 1.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bismarck, Route 1.
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Francois
c. CITY OR TOWN Bismarck, Route 1.
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) None.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Tempie Middle F. Last Short

4. DATE OF DEATH Month Sept Day 12, Year 1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH June 11,
9. AGE (last birthday) 1875 84
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) Housewife..
10b. KIND OF BUSINESS OR INDUSTRY Housewife.
11. BIRTHPLACE (City and state or country) Pilot Knob, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A..

13a. FATHER'S NAME David Burch
13b. MOTHER'S MAIDEN NAME Mary Burch
14. NAME OF HUSBAND OR WIFE Alfred Short.

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 Address Alfred Short Bismarck Route 1

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) Arteriosclerotic Heart Dis.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 2-3 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 Sept 10, 1959, to Sept 10, 1959 and last saw her/him alive on Sept 10, 1959
Death occurred at 1:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. A. Heckstep M. D
22b. ADDRESS Farmington Mo
22c. DATE SIGNED 9/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept 14, 1959
23c. NAME OF CEMETERY OR CREMATORY Odd Fellow Cemetery
23d. LOCATION (City, town, or county) (State) Bismarck, Missouri.

24. FUNERAL DIRECTOR ADDRESS Raymond Caldwell & Sons 711 East main St Flat River, Missouri.
25. DATE RECD. BY LOCAL REG. Sept. 14 '59
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Donald Dale Caldwell, Student Embalmer No. 587
working under my personal supervision.

Student Donald Dale Caldwell. Signed R. Caldwell
Signature of Student Embalmer

Licensed Embalmer No. 2531

P. O. Address Flat Rive

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