

1 NAME OF DECEASED (Type or print) David Orvis Short, Sr.		2 SEX Male		3 DATE OF DEATH Found November 30, 1983	
4 RACE Cauc.		5a WAS THE DECEASED OF SPANISH ORIGIN? No		5b IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. ---	
6 DATE OF BIRTH 5/11/1917		7 AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days Hours Minutes	
8a PLACE OF DEATH - COUNTY Harrison		8b CITY OR TOWN (If outside city limits, give precinct no.) Marshall		8c NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Highway 59 South Ramada Inn Parking Lot	
8d INSIDE CITY LIMITS? Yes		9 MARRIED (NEVER MARRIED) WIDOWED DIVORCED (Specify) Widowed		10 BIRTHPLACE (State or foreign country) Louisiana	
11 CITIZEN OF WHAT COUNTRY? U.S.A.		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes		13 SURVIVING SPOUSE (If wife, give maiden name) None	
14 SOCIAL SECURITY NO. UNK 70420		15a USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Agent		15b KIND OF BUSINESS OR INDUSTRY Insurance	
16a RESIDENCE - STATE Louisiana		16b COUNTY Caddo Parish		16c CITY OR TOWN (If outside city limits, show rural) Shreveport	
16d STREET ADDRESS (If rural, give location) 435 Sandefur St.		16e INSIDE CITY LIMITS? Yes		17 FATHER'S NAME Marshall J. Short	
18 MOTHER'S MAIDEN NAME Unknown		19 SIGNATURE OF INFORMANT <i>Barbara L. Johnson</i>		20 PART I IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), (c))	
20a Bilateral sub-dural hematoma		Interval between onset and death Immediate		20b Multiple skull fractures and brain contusions	
20b Multiple skull fractures and brain contusions		Interval between onset and death Immediate		20c Blunt force trauma to calvarium	
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PART II OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE, GIVEN IN PART I (a)		21 AUTOPSY? Yes		22a ACC. SUICIDE H.M. UNDET. OR PENDING INVEST (Specify) HOMICIDE	
22b DATE OF INJURY (Mo. Day, Yr.) Apr 11-2383		22c HOUR OF INJURY UNK. M.		22d DESCRIBE HOW INJURY OCCURRED UNKNOWN	
22e INJURY AT WORK (Specify yes or no) NO		22f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) UNKNOWN		22g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE UNKNOWN	
23 To the best of my knowledge death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title)		24a On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) <i>Robert L. Palmer MD</i>		23b DATE SIGNED (Mo., Day, Yr.)	
23c HOUR OF DEATH		24b DATE SIGNED (Mo., Day, Yr.) 12-12-83		24c HOUR OF DEATH UNKNOWN M	
23d NAME OF ATTENDING PHYSICIAN (Type or print)		24d PRONOUNCED DEAD (Mo., Day, Year) ON 11-30-83		24e PRONOUNCED DEAD (Place) AT 6:30 M	
25a BURIAL, CREMATION, REMOVAL (Specify) Removal/Burial		25b DATE Dec. 2, 1983		25c NAME OF CEMETERY OR CREMATORY Forest Park Cemetery	
25d LOCATION (City, town or county) Shreveport		25e LOCATION (State) Louisiana		26 SIGNATURE OF FUNERAL DIRECTOR OR PERSON IN CHARGE OF SUC. <i>Keith A. Downs</i>	
27a REGISTRAR'S FILE NO. 375		27b DATE REC'D BY LOCAL REGISTRAR 12/12/83		27c SIGNATURE OF LOCAL REGISTRAR <i>Betty Crenshaw by Norma Chapman</i>	