

FILED MAY 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13228

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>406 So. JEFFERSON ST</u>		d. STREET ADDRESS (If rural, give location) <u>406 So. JEFFERSON ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LELA</u> b. (Middle) <u>LIVINGSTON</u> c. (Last) <u>SHANNON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 30, 1949</u>	
5. SEX <u>FEM</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE ()</u>	8. DATE OF BIRTH <u>JULY 16 1885</u>
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL TEACHER</u>	11. BIRTHPLACE (State or foreign country) <u>NEOSHO MISSOURI</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>High School</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>John F. Shannon</u>		13b. MOTHER'S MAIDEN NAME <u>CORDELIA ANN DICKENS</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Shannon</u> ADDRESS <u>Neosho</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Emphysema</u> ANTECEDENT CAUSES <u>Asthma</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Asthma</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION: <input checked="" type="checkbox"/>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Neosho, Newton Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>April 15, 1949</u> , to <u>April 30, 1949</u> , that I last saw the deceased alive on <u>April 30, 1949</u> , and that death occurred at <u>6:50 a. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. A. [Signature], M.D.</u> (Degree or title)		23b. ADDRESS <u>Neosho, Missouri</u>	
23c. DATE SIGNED <u>May 1, 1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>5-2-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>	
24d. LOCATION (City, town, or county) (State) <u>Neosho Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Corley Thompson</u> ADDRESS <u>Neosho</u>	
DATE REC'D BY LOCAL REG. <u>May 3, 1949</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> 223	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 8 1949

RECEIVED
District Health Officer
District File Number 88-83
Date filed MAY 12 1949

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

Kenneth Patterson

Student Embalmer No. 270

working under my personal supervision.

Student *Kenneth Patterson*
Student Embalmer

Signed *Lorey Thompson*

Licensed Embalmer No. 3259

P. O. Address *Neosho 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 this body is not embalmed, fact should be so stated above.