

STANDARD CERTIFICATE OF DEATH 6196

State File No.

FILED NOV 1 1949

BIRTH NO.

REG. DIST. NO. 353

PRIMARY REG. DIST. NO. 6196

Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Wright TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Licking, Mo. highway 63</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mtn Grove, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>Highway Accident</u>		d. STREET ADDRESS (If rural, give location) <u>Rural - One mile West of City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>died enroute to hospital 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>REX</u> b. (Middle) <u>W</u> c. (Last) <u>SHANNON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 15 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Dec 10 - 1931</u>
9. AGE (In years last birthday) <u>17</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 1 YEAR Days <u>5</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Armed Forces</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NAVY</u>	
11. BIRTHPLACE (State or foreign country) <u>Mtn Grove, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John W Shannon</u>		13b. MOTHER'S MAIDEN NAME <u>Mabel Robertson</u>	
14. NAME OF HUSBAND OR WIFE <u>Never Married</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War II</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME <u></u>		ADDRESS <u></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>Fractured skull & intracranial hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Automobile accident</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. (Specify) <u>ACCIDENT SUICIDE HOMICIDE</u> <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On highway #63</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Licking, Texas, Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 14 1949 10 P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>		<u>Road 1st Parallel</u>	
22. I hereby certify that I attended the deceased from <u>Oct 14</u> , 1949, to <u>Oct 15</u> , 1949, that I last saw the deceased alive on <u>Oct 14</u> , 1949, and that death occurred at <u>12:50 A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert L. Braxton MD</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>817 Sugar St. Jeff. Bks 23, Mo</u>	
23c. DATE SIGNED <u>10/15/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 16th 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn Grove, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 28 1949</u>		REGISTRAR'S SIGNATURE <u>E. Inara Nessel</u> 324	
25. FUNERAL DIRECTOR'S SIGNATURE <u>R. W. Barber</u>		ADDRESS <u>Mtn Grove</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

0700

1949 NOV 3

Face
In
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9:

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
Student Embalmer

Signed R. W. Barb
Licensed Embalmer No. 3848

P. O. Address 12th Street, N

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.