

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 10 1950

State File No. 19459

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

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>788</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		0117		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>606 E Colorado Ave</u>				d. STREET ADDRESS (If rural, give location) <u>606 E Colorado Ave</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>C</u>		c. (Last) <u>Shannon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 1 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6/6/1876</u>	9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Month Days <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Weighmaster (Ret)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St Joseph Stock Yards</u>		11. BIRTHPLACE (State or foreign country) <u>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Floyd Shannon</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie ?</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie Shannon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-07-9007</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mathe Shannon</u> ADDRESS <u>606 E Cole Ave</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>11 yrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC ENDOCARDITIS AND MYOCARDITIS</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4214</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>July 1, 1950</u> , to <u>July 1, 1950</u> , that I last saw the deceased alive on <u>July 1, 1950</u> , and that death occurred at <u>4:35 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Print or title) <u>[Signature]</u>				23b. ADDRESS <u>5008 King Hill St. Joseph Mo</u>		23c. DATE SIGNED <u>7-3-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-3-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Joseph Missouri</u>		
DATE REC'D BY LOCAL REG. <u>July 6, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 382		25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>120 Illinois Ave.</u>				

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.

Signed.....

Emmanuel

Signed.....

Student Embalmer

Licensed Embalmer No. *4235*

P. O. Address *St. Joseph 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.