No. 300
10.48

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

FILED AUG 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23212 23213

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 105

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Calvey - rural Catawissa
d. STREET ADDRESS (If rural, give location): 0360

3. NAME OF DECEASED (Type or Print)
a. (First): Theresa
b. (Middle):
c. (Last): Shannon

4. DATE OF DEATH (Month) 7 (Day) 26 (Year) 50

5. SEX: F
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 9-14-1862
9. AGE (In years last birthday): 87 — If under 1 year: Months 10 Days 12 — If under 24 hrs.: 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: Own
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: James Wallace
13b. MOTHER'S MAIDEN NAME: ? Webb
14. NAME OF HUSBAND OR WIFE: James Shannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: William Shannon, Robertsville

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIO-vascular-Renal dis — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____ — 4 yrs
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS: fractured lt hip joint — 1 month
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ___
19b. MAJOR FINDINGS OF OPERATION: ___
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 26, 1950, *to* July 26, 1950, *that I last saw the deceased alive on* July 26, 1950, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): M.D.
23b. ADDRESS: Paris Mo
23c. DATE SIGNED: 7/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/28/50
24c. NAME OF CEMETERY OR CREMATORY: Oak Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Catawissa, Missouri

DATE REC'D BY LOCAL REG.: July 28, 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Casey & Lenox St Clair Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Frank Amalong, Student Embalmer No. 364 working under my personal supervision.

Student Frank A. Amalong
Student Embalmer

Signed K. M. Lenox

Licensed Embalmer No. 3601

P. O. Address St. Clair, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.