S. No. 300
v. 10.48

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

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25824

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6183 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milan R.
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sullivan Co. Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Green City 1050
d. STREET ADDRESS (If rural, give location): No street address

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

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Jan. 26, 1880
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months ---- Days ---- IF UNDER 24 HRS.: Hours ---- Min. ----

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter & Paper Hanger
10b. KIND OF BUSINESS OR INDUSTRY: Home Decorating
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Leslie Shannon
13b. MOTHER'S MAIDEN NAME: don't know
14. NAME OF HUSBAND OR WIFE: Never married

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: William Anderson — ADDRESS: Green City, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Ulcerated epidermoid, type II
DUE TO (c): Buccal mucosa, floor mouth, tongue and neck, all on left side

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 1998

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* 3-30, 1950, *to* 4-19, 1950, *that I last saw the deceased alive on* 7-14, 1950, *and that death occurred at* 9:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph E. Prior (Degree or title) D.O.
23b. ADDRESS: Milan, Missouri
23c. DATE SIGNED: 7-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 18, 1950
24c. NAME OF CEMETERY OR CREMATORY: Green City Cem.
24d. LOCATION (City, town, or county) (State): Green City, Missouri

DATE REC'D BY LOCAL REG.: July 20-1950
REGISTRAR'S SIGNATURE: Mrs. H. B. Harris 320
25. FUNERAL DIRECTOR'S SIGNATURE: Glenn E. Kettson — ADDRESS: Green City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 3 1958

RECEIVED AUG 2 1958
District Health Officer No. 10
District File Number 8-50-1232
Date Filed AUG 4 1950

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 Karl R. Kent
Licensed Embalmer No. 4689
P. O. Address Green City, 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.