

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39683

BIRTH NO.		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 6285		Registrar's No. 60	
1. PLACE OF DEATH a. COUNTY WRIGHT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY WRIGHT			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL MTN GROVE TWP		c. LENGTH OF STAY (In this place) (Specify township) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL MTN GROVE TWP		d. STREET ADDRESS (If rural, give location) ONE MILE SOUTH OF MTN GROVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ONE MILE SOUTH OF MTN GROVE				d. STREET ADDRESS (If rural, give location) ONE MILE SOUTH OF MTN GROVE			
3. NAME OF DECEASED (Type or Print) a. (First) NEELSON			b. (Middle) WAYNE			c. (Last) SHANNON	
4. DATE OF DEATH (Month) (Day) (Year) NOV 21 1950		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JULY 23 1882		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 3 Days 28		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER			10b. KIND OF BUSINESS OR INDUSTRY RETIRED FARMER			11. BIRTHPLACE (State or foreign country) HARRISON, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? US			13a. FATHER'S NAME CHARLES K. SHANNON		13b. MOTHER'S MAIDEN NAME JANE BOWERS		
14. NAME OF HUSBAND OR WIFE DELLA M. BROWN			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		
17. INFORMANT'S SIGNATURE OR NAME DELLA M. SHANNON				ADDRESS MTN GROVE, MISSOURI			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH	
		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.				4:30	
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) (Min.)		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 11-21- , 19 50 , to 11-21- , 19 50 , that I last saw the deceased alive on 11-21- , 19 50 , and that death occurred at 9:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. W. Barber M.D.				23b. ADDRESS Mtn. Home Mo.		23c. DATE SIGNED 11-24-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV 24, 1950		24c. NAME OF CEMETERY OR CREMATORY HILLCREST		24d. LOCATION (City, town, or county) (State) MTN GROVE, MISSOURI	
DATE REC'D BY LOCAL REG. 12-2-50		REGISTRAR'S SIGNATURE G.B. Ames		348		25. FUNERAL DIRECTOR'S SIGNATURE R.W. Barber Mtn. Home Mo	

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

County File Number 1250-136
Date Filed Dec. 11, 1958

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. Barber

Licensed Embalmer No. 3848

P. O. Address Wm. Howe Inc.

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.