

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED OCT 21 1952

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 244

1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOBERLY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRUNSWICK</u> <u>0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WOODLAND HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>4 MI. EAST OF BRUNSWICK MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u>	b. (Middle) <u>LULU</u>	c. (Last) <u>HIBLER</u>	4. DATE OF DEATH (Month) <u>10</u> (Day) <u>7</u> (Year) <u>1952</u>
---	-------------------------	-------------------------	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>1-31-1871</u>	9. AGE (In years less birthday) <u>81</u>	10. UNDER 1 YEAR Months	11. UNDER 1 MIN. Hours	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
----------------------	-------------------------------	---	-----------------------------------	---	-------------------------	------------------------	--

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BATES CO. MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	--

13a. FATHER'S NAME <u>SAMUEL B. SHANNON</u>	13b. MOTHER'S MAIDEN NAME <u>ALICE D. MCNOY</u>	14. NAME OF HUSBAND OR WIFE <u>WIDOW</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WM. D. HIBLER</u>	ADDRESS <u>BRUNSWICK MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		<u>5 day</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility, marked</u>		<u>5 years</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>491x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Oct 4, 1952, to Oct 7, 1952, that I last saw the deceased alive on Oct 7, 1952, and that death occurred at 4:55 PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clarence Johnson M.D.</u>	23b. ADDRESS <u>Moberly Mo</u>	23c. DATE SIGNED <u>10-7-52</u>
---	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-9-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>10-9-52</u>	REGISTRAR'S SIGNATURE <u>Earl Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Meersel</u>	ADDRESS <u>Brunswick Mo</u>
---	--	--	-----------------------------

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

883
0

mo

JAN 5 1947

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 L. M. Keisler

Licensed Embalmer No. 823

P. O. Address Brunswick, N.C.

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.