

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **38111**

FILED NOV 2 - 1953

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4549		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) Allendale				c. CITY (If outside corporate limits, write RURAL and give township) Allendale			
c. LENGTH OF STAY (in this place) 13 yrs				d. STREET ADDRESS (If rural, give location) 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) Oscar		a. (First) Oliver		c. (Last) Shannon		4. DATE OF DEATH October 22, 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 6, 1896	
9. AGE (in years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone operator		11. BIRTHPLACE (City and State or Foreign Country) Grant City, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone operator		10b. KIND OF BUSINESS OR INDUSTRY Manager		11. BIRTHPLACE (City and State or Foreign Country) Grant City, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Davis C. Shannon		13b. MOTHER'S MAIDEN NAME Anna Francis Black		14. NAME OF HUSBAND OR WIFE Amelia Mae XERKackSherwood			
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. 500-07-9823		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Amelia Mae Shannon - Allendale, Missouri			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung. ANTECEDENT CAUSES Morbidity 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. INTERVAL BETWEEN ONSET AND DEATH 6 months.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163X				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)		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 July 1, 1953 , to Oct 22, 1953 , that I last saw the deceased alive on Oct 22, 1953 , and that death occurred at 11 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles A. Williamson D.O.				23b. ADDRESS Grant City, Mo.		23c. DATE SIGNED Oct. 27-1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-24-53		24c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery		24d. LOCATION (City, town, or county) (State) Grant City, Missouri	
DATE REC'D BY LOCAL REG. 10-31-1953		REGISTRAR'S SIGNATURE Leta E. Dawson		25. FUNERAL DIRECTOR'S SIGNATURE Bill A. Dwyer		ADDRESS Grant City	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 30 1956

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

Bill A. Dunfee

Licensed Embalmer No. *49128*

P. O. Address *Grant 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.