

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **41784**

FILED DEC 1-1953

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 218	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) Marshall		c. LENGTH OF STAY (in this place) 5 minutes		c. CITY (If outside corporate limits, write RURAL and give township) Marshall		0972 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 365 W. Washington				d. STREET ADDRESS (If rural, give location) 265 S. Ellsworth			
3. NAME OF DECEASED (Type or Print) a. (First) George Ella b. (Middle) Shannon c. (Last) _____				4. DATE OF DEATH November 21, 1953			
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 25, 1879	
9. AGE (in years last birthday) 74		10. UNDER 1 YEAR Months 8 Days 25		11. BIRTHPLACE (State or foreign country) Sweet Springs, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY none					
13a. FATHER'S NAME Andrew Lucas		13b. MOTHER'S MAIDEN NAME Fannie Brown		14. NAME OF HUSBAND OR WIFE Edmond Shannon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Edmond Shannon, Marshall, Mo.			
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) Coronary Occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 instant	
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) <input checked="" type="checkbox"/>		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 made investigation 11-21-53 to 11-21-53 , 19 53 , that I last saw the deceased alive on 11-21-53 , and that death occurred at 11-21-53 m., from the causes and on the date stated above.							
23a. SIGNATURE P. L. Lowless, M.D., Coroner Saline Co.		(Degree or title)		23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 11-23-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/24/53		24c. NAME OF CEMETERY OR CREMATORY Hairview Cemetery		24d. LOCATION (City, town, or county) (State) Marshall Missouri	
DATE REC'D BY LOCAL REG. 11-24-1953		REGISTRAR'S SIGNATURE Edward F. Gray		25. GENERAL DIRECTOR'S SIGNATURE George H. Green		ADDRESS Marshall, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

George H. Green

Licensed Embalmer No. 4220

P. O. Address Marshall, 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.