

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23750

State File No.

BIRTH NO. REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 579

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Moniteau		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California		c. LENGTH OF STAY (In this place) 2 days		c. CITY OR TOWN Centertown		
d. FULL NAME OF HOSPITAL OR INSTITUTION Latham Hospital		* STREET ADDRESS (If rural, give location) Rural Route		0680		
3. NAME OF DECEASED (Type or Print) a. (First) Andrew		b. (Middle) Sartain		c. (Last) Shannon		
4. DATE OF DEATH (Month) (Day) (Year) July 8, 1954		5. SEX male		6. COLOR OR RACE white		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Mar 28, 1877		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 77 3 20		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY owns farm		11. BIRTHPLACE (City and State or Foreign Country) Moniteau Co. Missouri		
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME J. D. Shannon		13b. MOTHER'S MAIDEN NAME Nancy Sartain		
14. NAME OF HUSBAND OR WIFE deceased		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 <i>Andrew Shannon Centertown, Mo.</i>		ADDRESS <i>Centertown, Mo.</i>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver				INTERVAL BETWEEN ONSET AND DEATH 2 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		PRECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
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) 5810		
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 <u>June 30, 1954</u> , to <u>July 8, 1954</u> , that I last saw the deceased alive on <u>July 8, 1954</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <i>Kernan Latham M.D.</i>		23b. ADDRESS <i>California, Mo.</i>		23c. DATE SIGNED <i>7-12-54</i>		
24a. BURIAL/CREMATION, REMOVAL (Specify) burial		24b. DATE Jul 12, 1954		24c. NAME OF CEMETERY OR CREMATORY Shiolah Cemetary		
24d. LOCATION (City, town, or county) (State) Centertown, Mo. (Rural)		DATE REC'D BY LOCAL REG. 7/16/54		REGISTRAR'S SIGNATURE <i>H. R. Popey</i>		
25. FUNERAL DIRECTOR'S SIGNATURE <i>Earl Bordin</i>		ADDRESS <i>California</i>				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed *Jack H. Bowlin*.....
Licensed Embalmer No. *792*
P. O. Address *California*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.