

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

34142

4795

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. <u>4795</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>WYANDOTTE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>2220 S 37th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u>		b. (Middle) <u>MILLER</u>		c. (Last) <u>SHANNON, SR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 13, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>November 14, 1897</u>	
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>Boonville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steel Worker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. STRUCTURAL STEEL MANUFACTURING</u>			
13a. FATHER'S NAME <u>Fleming Shannon,</u>			13b. MOTHER'S MAIDEN NAME <u>Nannie Bankston</u>			14. NAME OF HUSBAND OR WIFE <u>Marie SHANNON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes WW II</u>		16. SOCIAL SECURITY NO. <u>514-22-0490</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Official VA Hospital Records</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor pulmonale, with cardiac dilatation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Emboli, multiple, pulmonary, remote, origin undetermined.</u> DUE TO (c) <u>Emphysema, pulmonary, severe.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>2 years</u> <u>20 years</u> <u>5271</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) <u>VA</u>		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>Sept. 2, 1954</u> , to <u>October 13, 1954</u> , WORKING IN THE VA HOSPITAL and that death occurred at <u>5:30A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. C. YOUNG, M.D. C.C. Young</u>				23b. ADDRESS <u>VA Hospital, Kansas City, Mo.</u>		23c. DATE SIGNED <u>10/13/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 16, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>10-15-54</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O.H. Newcomer's Sons</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

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

MS APR 1 1962

13. 11. 1962

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 *Hollie Kessel*

Licensed Embalmer No. *469*
P. O. Address *K.C.M.*

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.