

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35063**

No. 300
10-48

FILED NOV 7 - 1956

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5985** Registrar's No. **149**

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Williamson	
b. CITY OR TOWN Fort Leonard Wood		c. CITY OR TOWN Marion	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		f. STREET ADDRESS (If rural, give location) Rural Route #5	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lieber Heights			

3. NAME OF DECEASED (Type or Print) a. (First) Troy	b. (Middle)	c. (Last) Lannon	4. DATE OF DEATH (Month) (Day) (Year) October 25, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 15, 1901	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber	10b. KIND OF BUSINESS OR INDUSTRY Dept of Army Employee	11. BIRTHPLACE (City and State or Foreign Country) Marion, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James N. Lannon	13b. MOTHER'S MAIDEN NAME Dora Meneese	14. NAME OF HUSBAND OR WIFE Jewell Lannon
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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. 357-16-3617	17. DECEASED'S SIGNATURE OR NAME US Army Hospital C.B. Milligan, Lt Col, MSC, Fort Leonard Wood, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CORONARY OCCLUSION		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I ~~examined~~ ^{examined} the deceased ~~from~~ ^{on} **October 25, 1956** to _____, ~~that~~ ^{that} death occurred at **12:38P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James B. White, Capt., MC	23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	23c. DATE SIGNED 25 Oct 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-26-56	24c. NAME OF CEMETERY OR CREMATORY Marion Cemetery	24d. LOCATION (City, town, or county) (State) Marion, Illinois
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DATE REC'D BY LOCAL REG. 10-26-56	REGISTRAR'S SIGNATURE Cecilia Spe Anderson	25. FUNERAL DIRECTOR'S SIGNATURE Mitchell Funeral Home	ADDRESS Marion Ill
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-27-56
Alaska County Health Officer
149
File Number
Date Filed 10-26-56

NOV 7 9 1956

DEC 2 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
Signature of Student Embalmer

Signed *Clarence Jones*

Licensed Embalmer No. *4896*

P. O. Address *Winnipeg, Minn.*

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.