

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009598
STATE FILE NUMBER

FILED MAR 17 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 270

300
-57

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| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY OR TOWN Springfield | | c. CITY OR TOWN Springfield | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp. | | d. STREET ADDRESS 712 S. Florence | |

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| 3. NAME OF DECEASED (Type or print) First MARGARET Middle T. Last SHANNON | | | 4. DATE OF DEATH Month March Day 13 Year 1958 | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 4 1912 | 9. AGE (In years) 45 (In months) 0 (In days) 0 | 10. FUNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 | IF UNDER 24 HRS. Hours 0 Min. 0 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Springfield, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME James W. Shannon | 13b. MOTHER'S MAIDEN NAME May Warr | 14. NAME OF HUSBAND OR WIFE X |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. No | 17. INFORMANT James W. Shannon Address Springfield, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 2 hrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ | |
| | DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____ |
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| 21. I attended the deceased from Death occurred at 2:30 p.m. 6-57 to 3-13-58 and last saw her alive on 3-13-58 m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE GP Lemmon (Degree or title) | 22b. ADDRESS Springfield, Mo | 22c. DATE SIGNED 3-14-58 |
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| 23a. BURIAL, CREMATION, OR OTHER DISPOSAL Burial | 23b. DATE 3/15/58 | 23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cem. | 23d. LOCATION (City, town, or county) (State) Springfield, Mo. |
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| 24. FUNERAL DIRECTOR H.H. Lohmeyer ADDRESS Springfield, Mo. | 25. DATE RECD. BY LOCAL REG. 3-14-58 | 26. REGISTRAR'S SIGNATURE Effie G. Melton |
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(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not}~~was~~ embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

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Signed *H. L. M. O. Cannon*

Licensed Embalmer No. *2727*
P. O. Address *Springfield*

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.