

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009737
STATE FILE NUMBER

FILED MAR 17 1958

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 840

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1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN <u>West Plains</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>West Plains</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Christa Hogan</u> Length of stay in lb <u>2 wks</u>		d. STREET ADDRESS (If outside, give location) <u>Gansville Rte</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Luther</u> Middle <u>Marvin</u> Last <u>Shannon</u>			4. DATE OF DEATH Month <u>3</u> Day <u>6</u> Year <u>1958</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-10-1895</u>
9. AGE (In years last birthday) <u>62</u> MONTH <u>4</u> DAYS <u>26</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <u>Retired Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>Sunset, Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Joe Shannon</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Wiley</u>	14. NAME OF HUSBAND OR WIFE <u>Hallie Shannon</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>yes</u> 17. INFORMANT <u>Joe Shannon</u> Address <u>West Plains, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Decompensation</u> <u>Ac Pulmonary Edema</u> <u>Branchial Arteries</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>None</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4344</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour <u>-</u> Month <u>-</u> Day <u>-</u> Year <u>-</u> a.m. <u>-</u> p.m. <u>-</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>West Plains, Mo</u> COUNTY <u>Howard</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>2-2-58</u> to <u>6 Mar 58</u> and last saw him alive on <u>6 Mar 1958</u> . Death occurred at <u>9:45 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>West Plains, Mo</u>	
22c. DATE SIGNED <u>MAR 10 1958</u>			
23a. BURIAL: CREMATION, REMOVAL (Specify) <u>3/10-58</u>		23b. NAME OF CEMETERY OR CREMATORY <u>State Lane</u>	
23c. LOCATION (City, town, or county) <u>Lenton Mo</u>		23d. (State)	
24. FUNERAL DIRECTOR <u>Robert M. West Plains, Mo</u> ADDRESS <u>-</u>		25. DATE RECD. BY LOCAL REG. <u>3-15-58</u>	
26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 26 1958

APR 22 1958

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 

Licensed Embalmer No. 3477
P. O. Address West Fla

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.