THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021043
STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 629

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo.Meth.Hosp. — Length of stay in Ib: 1 year

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St.Joseph 0117 0 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 226 S. 12th St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: BASIL Middle: ALVIN Last: SHANNON

4. DATE OF DEATH: Month June Day 13 Year 1958

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: August 4, 1909
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: Packing Plant
11. BIRTHPLACE (City and state or country): Worth County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Charles Shannon
13b. MOTHER'S MAIDEN NAME: Maggie Harris
14. NAME OF HUSBAND OR WIFE: Zora

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Mrs. Zora Shannon, Address: 226 S.12th, St.Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Adenocarcinoma of body and tail of pancreas. — INTERVAL BETWEEN ONSET AND DEATH: many months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 157X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):
Generalized metastases to all abdominal organs.

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] /

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5/29/58, to 6/13/58 and last saw her/him alive on 6/13/58
Death occurred at 8:45p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Caryl C. Potter M.D. (Degree or title) 0
22b. ADDRESS: Phy.&Surg. Bldg.-St.Joseph,Mo.
22c. DATE SIGNED: 6/16/58

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 6/13/1958
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): Albany, Missouri

24. FUNERAL DIRECTOR: Heaton-Bowman ADDRESS: St.Joseph,Mo.
25. DATE RECD. BY LOCAL REG.: June 17, 1958
26. REGISTRAR'S SIGNATURE: Mrs. Clark Hoodell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUN 27 1958

JUN 23 1958

To Pleasant

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 Eugene Wood

Licensed Embalmer No. 3284

P. O. Address 319 [illegible]

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.