Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004316
STATE FILE NUMBER

FILED FEB 10 1959

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY - WRIGHT
b. CITY OR TOWN Mtn Grove — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY WRIGHT
c. CITY OR TOWN MTN. GROVE 1141 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 405 Elm St. (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First MARGARET Middle Last SHANNON

4. DATE OF DEATH Month FEB. Day 2 Year 1959

5. SEX F

6. COLOR OR RACE W

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH APRIL 6 1880

9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR: Months 9 Days 26 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY SAME

11. BIRTHPLACE (City and state or country) FORT SCOTT KAN.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM GIEREND

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE FRED A. SHANNON

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. —

17. INFORMANT Fred Shannon Address Mtn. Grove, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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) Congestive heart disease — INTERVAL BETWEEN ONSET AND DEATH: Several months, too
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) 4341

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

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 June 10-1958 to Feb 2-1959 and last saw her/him alive on Feb 1-1959
Death occurred at — m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R.W. Fleming (Degree or title) M.D.

22b. ADDRESS Mtn. Grove Mo.

22c. DATE SIGNED 2-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 2-4-59

23c. NAME OF CEMETERY OR CREMATORY HILLCREST

23d. LOCATION (City, town, or county) MTN. GROVE (State) MO.

24. FUNERAL DIRECTOR R.W. Barber **ADDRESS** Mtn. Grove

25. DATE RECD. BY LOCAL REG. 2-7-1959

26. REGISTRAR'S SIGNATURE Bernice R. Silverman

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-9-59
WRIGHT CO. HEALTH DEPT.
County File Number 25918
Date Filed 2-9-59

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 R W Borbe

Licensed Embalmer No. 3848

P. O. Address Mtn. Iron

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.