

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010205

AMENDED

Registration District No. 284 Primary Registration District No. 3056 Registrar's No. 54

STATE FILE NUMBER

FILED MAR 24 1961

1. PLACE OF DEATH
 a. COUNTY Randolph
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly Length of stay in 1b 2 1/2 days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Chariton
 c. CITY OR TOWN Salisbury Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 405 So. Weber Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First X. Middle Ladwin Last Shannon
 4. DATE OF DEATH Month Mar. Day 17 Year 1961

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 11/29/78 9. AGE (last birthday) 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk 10b. KIND OF BUSINESS OR INDUSTRY appliance store 11. BIRTHPLACE (City and state or country) Leon, Kansas 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Fletcher Shannon 13b. MOTHER'S MAIDEN NAME Nancy Sullivan 14. NAME OF HUSBAND OR WIFE Mae Stockton Shannon

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. 17. INFORMANT Address Mrs. X.L. Shannon, Salisbury, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 5 days
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ischemic months
 DUE TO (c) arteriosclerotic heart disease 2 years
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES 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 5:25 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 March 7-61 to March 17-61 and last saw her him alive on March 16, 1961
 Death occurred at 5:25 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. L. Eichhorn D.O. 22b. ADDRESS 119 1/2 nd Salisbury Mo. 22c. DATE SIGNED 3-18-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 3/19/61 23c. NAME OF CEMETERY OR CREMATORY Salisbury City Cemetery 23d. LOCATION (City, town, county) (State) Salisbury, Mo.

24. FUNERAL DIRECTOR ADDRESS Chas. B. Winkelmeier, Salisbury, Mo. 25. DATE RECD. BY LOCAL REG. 3-18-61 26. REGISTRAR'S SIGNATURE Teaher

DATE AMENDED

STATEMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

APR 26 1961

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 Chas B Winkelmeyer

Licensed Embalmer No. 3842
P. O. Address Salisbury, Md

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.