

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE
 AMENDED **318** Registration District No. **1003** Primary Registration District No. **10424** Registrar's No. **-61-039218** STATE FILE NUMBER

FILED NOV 15 1961

DATE AMENDED	1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)			
	a. COUNTY				a. STATE Mo.		b. COUNTY St. Louis	
	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in 1b	c. CITY OR TOWN Afton		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Ann's Home-Page & Union			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9857 Allen Dale Dr.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
	3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. YEAR	
	First JOANNA		Middle T.		Last SHANNON		Month Nov.	Day 8
	5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-25-1879	9. AGE (last birthday) 81	IF UNDER 1 YEAR	IF UNDER 24 HR	Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		
	13a. FATHER'S NAME Patrick Ryan			13b. MOTHER'S MAIDEN NAME Ellen Dunlevy		14. NAME OF HUSBAND OR WIFE Late Thomas 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. None	17. INFORMANT Address Gertrude Kapetzky 9857 Allen Dale Dr.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)			generalized arteriosclerosis				2yr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Senility					
			DUE TO (c) Hypertensive heart disease					
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.			
myocarditis arteriosclerosis					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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.) 443x						
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year							
20d. INJURY OCCURRED WHILE AT 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	
21. I attended the deceased from May 6 1961 to Nov. 8, 1961 and last saw her alive on 11-7-61 Death occurred at 6:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Dominic J. Wordan M.D.				22b. ADDRESS 4500 Olive St		22c. DATE SIGNED 11-8-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)	23b. DATE Nov. 10, 1961	23c. NAME OF CEMETERY OR CREMATORY Rock Church Cemetery		23d. LOCATION (City, town, or county) Catawissa, Mo.				
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway Blvd.			25. DATE RECD. BY LOCAL REG. NOV 9 1961		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.			

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

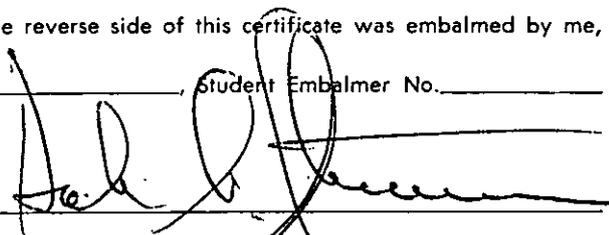
BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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. 4533

P. O. Address _____

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.