

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039976

STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 49

FILED NOV 13 1961

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Mtn Grove</u>		c. CITY OR TOWN <u>Mtn. Grove</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>600 W/First St.</u>		d. STREET ADDRESS (If outside, give location) <u>600 W/First</u>	

3. NAME OF DECEASED (Type or print) First <u>FRANCES JANETTE</u> Middle <u>SHANNON</u> Last <u>SHANNON</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>6</u> Year <u>1961</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>11-1-1881</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>na.</u>		11. BIRTHPLACE (City and state or country) <u>LEES Summit, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>DAVID M. GARRISON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY K. (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas 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>none</u>		17. INFORMANT Address <u>Mrs Robert Morris, Mtn Grove, 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>Acute Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Thrombosis</u>	<u>undetermined</u>
	DUE TO (c) <u>Arteriosclerosis</u>	<u>undetermined</u>
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. <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.)	
20c. TIME OF INJURY Hour <u>3:00</u> a.m. p.m.	Month, Day, Year <u>Nov. 6, 1961</u>		
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 Nov. 6 - 1961 to Nov. 6 - 1961 and last saw her/him alive on Nov 6 - 1961  
Death occurred at 3:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Richard G. Mitchem D.O.</u>		22b. ADDRESS <u>Mtn Grove, Mo</u>		22c. DATE SIGNED <u>11-8-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-8-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Mtn Grove, Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Paul C. Coray Mtn Grove, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-8-1961</u>	26. REGISTRAR'S SIGNATURE <u>Deane L Silverman</u>	

DATE AMENDED

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 Scott C. Craig

Licensed Embalmer No. 4766

P. O. Address 17th Ave

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.