

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-046196

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 55 Primary Registration District No. 5211 Registrar's No. 3

**FILED JAN 8 1963**

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY **Carroll**  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Washington** Length of stay in 1b. **hours**  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **1 1/2 mi. so. Plymouth, Mo on highway D** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Livingston**  
c. CITY OR TOWN **Meadville,** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
**GARLAND EDWARD SHANNON, Jr.** **Dec. 29, 1962**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **Sept. 13, 1924** 9. AGE (last birthday) **39yrs**  
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) **laborer** 10b. KIND OF BUSINESS OR INDUSTRY **farm** 11. BIRTHPLACE (City and state or country) **Bogard, Missouri** 12. CITIZEN OF WHAT COUNTRY **U S A**

13a. FATHER'S NAME **Garland E. Shannon** 13b. MOTHER'S MAIDEN NAME **Lorena J. Shannon** 14. NAME OF HUSBAND OR WIFE **Shirley Shannon**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **yes WW 2** 17. INFORMANT Address **Shirley Shannon, Braymer, Mo RFD**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **PULMONARY HEMORRHAGE** INTERVAL BETWEEN ONSET AND DEATH **IMMEDIATE**  
DUE TO (b) **GUN SHOT WOUND**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)

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, a.m. Month, Day, Year **10:00 a.m. 12-29-1962**

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.) **1 1/2 mi. so. Plymouth, Mo. Highway D** 20f. CITY, TOWN, OR LOCATION COUNTY STATE **Braymer, RFD Carroll Mo.**

21. I attended the deceased from **Dr. Crown Case** and last saw her/him alive on \_\_\_\_\_  
Death occurred at **10:00 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

SIGNATURE (Degree or title) **Carroll** 22b. ADDRESS **Carrollton, Mo** 22c. DATE SIGNED **1-1-63**  
**Edward P. Smith M.D.** coroner

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **1-1-63** 23c. NAME OF CEMETERY OR CREMATORY **Evergreen Cem.** 23d. LOCATION (City, town, or county) (State) **Braymer, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Mead - Pitts Braymer, Mo** 25. DATE RECD. BY LOCAL REG. **1-5-1963** 26. REGISTRAR'S SIGNATURE **Ann Albert Hill Moore**

USE BLACK INK OR TYPEWRITER RIBBON

JAN 10 1963

**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 John W. Pitte

Licensed Embalmer No. 5074

P. O. Address: Praymer, Ma.

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.