

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23102

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>174</u>					
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson, City Jefferson</u>		c. LENGTH OF STAY (In this place) <u>1 Yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo Jefferson</u>				d. STREET ADDRESS (If rural, give location) <u>Rt # 2, Jefferson, City Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rt # 2, Jefferson, City Mo</u>							
3. NAME OF DECEASED (Type or Print) <u>Elizabeth Shannon</u>			a. (First) <u>Elizabeth</u>			b. (Middle) <u>Shannon</u>			c. (Last) <u>Shannon</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 1950</u>			5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		
8. DATE OF BIRTH <u>Oct. 9, 1878</u>			9. AGE (In years last birthday) <u>71</u>			IF UNDER 1 YEAR Months Days <u>9 8</u>			IF UNDER 6 HRS. Hours Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>				11. BIRTHPLACE (State or foreign country) <u>Switzerland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Sieber</u>				13b. MOTHER'S MAIDEN NAME <u>Rosa Rosser</u>				14. NAME OF HUSBAND OR WIFE <u>Andrew 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'S SIGNATURE OR NAME <u>Andrew Shannon Jefferson etc Adm</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>NO</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-14</u> , 19 <u>50</u> , to <u>7-17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 17</u> , 19 <u>50</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Marshall W. Kelly</u>				23b. ADDRESS <u>Jefferson City</u>				23c. DATE SIGNED <u>7-18-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/21/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shiloh Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Moniteau Co. Mo</u>			
DATE REC'D BY LOCAL REG. <u>July 18-1950</u>				REGISTRAR'S SIGNATURE <u>R.P. Norris MD - TR. 0</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl R. Bowlin - California</u>			

(Licensed Embalmer's Statement on Reverse Side)

3770

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48
264

RECEIVED 7-20
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-20-58

JAN 4 1958

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Ernest B. Bowler

Licensed Embalmer No. 2126

P. O. Address California

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 this body is not embalmed, fact should be so stated above.