

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

DEC 13 1939

1. PLACE OF DEATH

County Adair

Registration District No. 4

File No. 38825

Township _____

Primary Registration District No. 3001

Registered No. 283
St. _____ Ward _____

City Warrensburg, Mo. (No. 56)

A. S. O. Hospital

2. FULL NAME Winston Russell Shannon

(a) Residence, No. _____ St. _____ Ward. Warrington Mo.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 17 1933</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>6</u>	<u>"</u>	<u>0</u>	<u>6</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mountain Grove Mo.

FATHER

13. NAME Ed C Shannon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mountain Grove Mo.

MOTHER

15. MAIDEN NAME Louise Howley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mountain Grove Mo.

17. INFORMANT Ed Shannon (ADDRESS) Warrington Mo.

18. BURIAL, CREMATION, OR REMOVAL no PLACE Mountain Grove DATE Nov 25 1939

19. UNDERTAKER Chas. E. Scholer (ADDRESS) Spickard Mo.

20. FILED Nov. 24 1939 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1939 to Nov 23, 1939. I last saw him alive on Nov 23, 1939. Death is said to have occurred on the date stated above, at 1:35 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism
115 W

Other contributory causes of importance:
Cervical Adenitis
Retropharyngeal abscess
(Retropharyngeal)

Name of operation Opened abscess Date of Nov 20-21
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____ (Signed) C. L. Ottebery M. D.
(Address) A. S. O. Hospital - Warrensburg, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I hereby Certify that the body whose name is recorded on the
Reverse side of this certificate was embalmed by me

signed Ross Wise

Licensed Embalmer No 3771

P.O. address Spickard Mo

RECEIVED

District Health Officer No. 10

District File Number 12-39-2180

Date Filed DEC 11 1939