

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1992

State File No.

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ohio</u>		b. COUNTY <u>Unk.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid</u>		c. LENGTH OF STAY (In this place) No. <u>3</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rittiman</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>2</u>			

3. NAME OF DECEASED (Type or Print) <u>Harry Shannon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 5 49</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Unk.</u>	8. DATE OF BIRTH <u>Unk.</u>	9. AGE (In years last birthday) <u>51</u>	10. IF UNDER 1 YEAR Months <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unk.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unk.</u>		11. BIRTHPLACE (State or foreign country) <u>Unk.</u>	

11. BIRTHPLACE (State or foreign country) <u>Unk.</u>	12. CITIZEN OF WHAT COUNTRY? <u>Unk.</u>	
13a. FATHER'S NAME <u>Unk.</u>	13b. MOTHER'S MAIDEN NAME <u>Unk.</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Shannon</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unk.</u>	16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mo. State Highway Petrol</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hit by car while walking on Highway 61 .3 Miles South of New Madrid, He was on Highway and arms.</u>		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cruched Skull, broken legs</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Cruched Skull, broken legs and arms.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Madrid New Madrid Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 5 49 6:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hit by car.</u>	<u>77</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lois H. Hildreth</u>	(Degree or title) <u>Coroner 3</u>	23b. ADDRESS <u>New Madrid Mo.</u>	23c. DATE SIGNED <u>2/7/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/7/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lathem</u>	24d. LOCATION (City, town, or county) (State) <u>New Madrid Mo.</u>

DATE REC'D BY LOCAL REG. <u>2-7-49</u>	REGISTRAR'S SIGNATURE <u>Nelson Louis Jones</u>	216	25. FEDERAL DIRECTOR'S SIGNATURE <u>Lois H. Hildreth</u>	ADDRESS <u>New Madrid, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

724

RECEIVED

District Health Office No. 2,

District File Number 249-231

Date Filed 2-8-49

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 _____
Student Embalmer

Signed L. S. Hargrett

Licensed Embalmer No. 3903

P. O. Address New Madrid, Mo.

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.