

FILED MAY 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 13686

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4459 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <b>St. Clair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Osceola</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Osceola</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>in home</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b>			b. (Middle) <b>E.</b>			c. (Last) <b>Shannon</b>			4. DATE OF DEATH <b>March 3, 1951</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>7/30/1874</b>		9. AGE (In years last birthday) <b>76</b>		10. UNDER 1 YEAR Months Days		11. UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hotel Operator</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <b>Bakersville Ohio /</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Ferguson Shannon</b>			13b. MOTHER'S MAIDEN NAME <b>Mariah Shanks</b>			14. NAME OF HUSBAND OR WIFE <b>Myrtle Shannon</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Myrtle Shannon, Osceola Mo.</b>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <b>4 da</b>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc.: It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>diabetic coma</b>							
		ANTECEDENT CAUSES							
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS. <b>Hypertension</b>							
		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>260x</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from **3-15**, 1951, to **4-5**, 1951, that I last saw the deceased alive on **4-2**, 1951, and that death occurred at **2: A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Hub. Seavers MD</b> (Degree or title)		23b. ADDRESS <b>Osceola Mo</b>		23c. DATE SIGNED <b>4-5-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/6/1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Osceola</b>		24d. LOCATION (City, town, or county) (State) <b>Osceola Missouri.</b>	
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DATE REC'D BY LOCAL REG <b>4-5-1951</b>		REGISTRAR'S SIGNATURE <b>Hub. Seavers</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>F B Braden</b>		ADDRESS <b>Osceola Mo</b>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

930  
#4

RECEIVED 5-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 5-10-51 .....

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 J B Goodrich .....

Licensed Embalmer No. 3038 .....

P. O. Address Quincy 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.