

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25284

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>6355</u>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (In this place) <u>2 Wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		<u>2149</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5847 Eichelberger</u>				d. STREET ADDRESS (If rural, give location) <u>5847 Eichelberger 0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nelson</u> b. (Middle) <u>Case</u> c. (Last) <u>Shannon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15, 1951</u>						
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>1884</u> <u>Oct 19, 1883</u>			
9. AGE (In years, Months, Days, Hours, Min.) <u>57 6 6</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Windows</u>		11. BIRTHPLACE (State or foreign country) <u>Vernon, Kansas</u>			
12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Shannon</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Amelia 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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Amelia Shannon 5847 Eichelberger</u>					
18. CAUSE OF DEATH Enter only one cause per line, for (a), (b), and (c) <i>The word "cause" does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				ANTECEDENT CAUSES					
DUE TO (b) _____				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (c) _____				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 _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4501</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 <u>3:4 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Jaym In Deane</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>7/17/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7/18/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Afton, Mo.</u>			
DATE RECD BY LOCAL OFF. <u>JUL 1 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Pascale</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ziegenhein &amp; Sons 7027 Gravois</u>					

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

*W. J. Peterson*

Signed.....  
Student Embalmer

Licensed Embalmer No.

*3767*

P. O. Address

*7027 Travis*

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 25284

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No. 6355

On this \_\_\_\_\_ day of \_\_\_\_\_, 194\_\_\_\_, before me appears \_\_\_\_\_

\_\_\_\_\_, who, upon \_\_\_\_\_ oath, states that the original record of <sup>birth</sup> death  
for Nelson Case Shannon died 7-15-1951, 19\_\_\_\_, in the State of  
~~born~~ Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 2 should read 10-19-1884

Instead of \_\_\_\_\_ 1885

Item No. 9 should read Age 66

Instead of \_\_\_\_\_ 67

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant H.E. Jigenheim Fun Dir  
7027 Gravois Relationship.

Present Address.

Subscribed and sworn to before me this 6 day of Aug, 1951

My Commission expires 3-4-53 Earl Padlock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.