

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5755

State File No. ....

*Lanning*  
FILED FEB 18 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. *209* PRIMARY REG. DIST. NO. *3043* Registrar's No. *19*

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b> <i>1144</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2002 Hope St.</b>		d. STREET ADDRESS (If rural, give location) <b>2002 Hope St.</b> <i>0</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MORTON</b> b. (Middle) <b>BLAKEMAN</b> c. (Last) <b>SHANNON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 26, 1952</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Mar. 19, 1862</b>	9. AGE (In years: last birthday) <b>89</b>	IF UNDER 1 YEAR: Months Days	IF UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired blacksmith</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Woodland, Mo.</b> <i>0</i>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Samuel Shannon</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Blakeman</b>	14. NAME OF HUSBAND OR WIFE <b>Mittie E. Truitt Shannon</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>----</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ruby Brashears, 2002 Hope St.</b> ADDRESS <b>Hannibal, Mo.</b>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Sclerotic Heart Disease</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) <b>Senility</b>		
	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death <b>Hypertrophy of prostate</b>		<b>1 year</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>		20. AUTOPSY? YES <input 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?

22. I hereby certify that I attended the deceased from **Dec 10**, 19**51**, to **Jan 26**, 19**52**, that I last saw the deceased alive on **Jan 26**, 19**52**, and that death occurred at **10 a.m.** from the causes and on the date stated above.

23a. SIGNATURE **Robert Lanning, MD** (Degree or title) 23b. ADDRESS **Hannibal, Mo.** 23c. DATE SIGNED **1/30/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **1/28/52** 24c. NAME OF CEMETERY OR CREMATORY **St. Olivet Cemetery** 24d. LOCATION (City, town, or county) (State) **Hannibal, Mo.**

DATE REC'D BY LOCAL REG. **Jan 29 '52** REGISTRAR'S SIGNATURE **A. C. Fisher** 25. FUNERAL DIRECTOR'S SIGNATURE **Kathryn A. Schwarz** ADDRESS **Hannibal, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

*44*

RECEIVED  
HAMILTON CO. HEALTH DEPT.  
DATE FILED  
FEB 13 1952  
FEB 15 1952

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. 440

working under my personal supervision.

Student Jack Schwartz  
Student Embalmer 3

Signed \_\_\_\_\_

Cecil E. Schwartz

Licensed Embalmer No. 2338

P. O. Address Hamiltn, 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.