

No. 300  
10.48

RECORDED OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32120

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>KNOW</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>KNOW</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Colony, Township</u>	
c. LENGTH OF STAY (In this place) <u>One Week</u>		d. STREET ADDRESS (If rural, give location) <u>Colony City, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Eleanor</u> b. (Middle) <u>J</u> c. (Last) <u>Shaughnessy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 4 1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12 Nov 1878</u>	9. AGE (In years last birthday) <u>74</u>	10. IF UNDER 1 YEAR (Days) IF UNDER 1 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ho use Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Colony, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Joseph A. Johnston</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia F. Richter</u>	14. NAME OF HUSBAND OR WIFE <u>John Shaughnessy</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maurine S. Sharp</u> ADDRESS <u>Knorr City, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac failure</u>		DUE TO (b) <u>Cardiovascular disease</u>		<u>30 min</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Pneumonia (Bronchial)</u>		<u>(?)</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>7 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 Sept. 29, 1952 to 10-4, 1952; that I last saw the deceased alive on 10-4, 1952, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>2</u>	23b. ADDRESS <u>Colina, Mo.</u>	23c. DATE SIGNED <u>10-4-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6 Oct 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pauline Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Butledge, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 6-1952</u>	REGISTRAR'S SIGNATURE <u>Helle S. Hunolt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Edina, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

570

1953 FEB 6

NOV 2 8 1954

DEC 3 1954

NOV 1 6 1954

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 Miss J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina, 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.