

FILED AUG 18 1954

STANDARD CERTIFICATE OF DEATH

State File No. **28281**
Registrar's No. ~~237~~ **237**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Elizabeth Hospital		e. STREET ADDRESS (If rural, give location) 601 Ely St.,	

3. NAME OF DECEASED (Type or Print) a. (First) Glenda b. (Middle) Marie c. (Last) Shahan	4. DATE OF DEATH (Month) (Day) (Year) 8-3-1954
5. SEX Female	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 4/11/1951
9. AGE (In years last birthday) 3 Months _____ Days _____ Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) 0 Kirksville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Glenn Shahan	13b. MOTHER'S MAIDEN NAME Lucille McVey	14. NAME OF HUSBAND OR WIFE - - - -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Glenn Shahan, 601 Ely, Hannibal, Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Verdict of Jury - due to	ANTECEDENT CAUSES DUE TO (b) unavoidable accident		E8120 25
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) child had fractured skull & possibly broken neck		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hannibal Marion Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-3-54 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Run over by truck

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 **11:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. M. McVey, Coroner	23b. ADDRESS Hannibal Mo	23c. DATE SIGNED 8-5-54
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24a. BURIAL CREMATION REMOVAL (Specify) Removal	24b. DATE 8/5/54	24c. NAME OF CEMETERY OR CREMATORY Hurdland Cemetery	24d. LOCATION (City, town, or county) (State) Lewis County, Mo.
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DATE REC'D BY LOCAL REG. 8-5-54	REGISTRAR'S SIGNATURE Dr. E. M. Lucke	25. FUNERAL DIRECTOR'S SIGNATURE Michael J. McVey ADDRESS Hannibal Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MARION CO. HEALTH DEPT.
DATE FILED AUG 16 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.....
Signature of Student Embalmer

Signed *Michael J. O'Honnell*.....

Licensed Embalmer No. *3296*

P. O. Address *Harrison*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.