

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

57 02 16 46  
State File No.

No. 300  
10.48

FILED JUL 9 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. CITY OR TOWN <u>Chilhowee</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 day</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Route #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Medical Center</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SILAS</u> b. (Middle) <u>LEE</u> c. (Last) <u>SHANNON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 1957</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>Oct. 27, 1877</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain &amp; Stockman</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Shannon</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Bertie James 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. <u>497-42-5043</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Shannon, Chilhowee, Mo.</u>	

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) <u>hypertensive pneumonia</u>		DUE TO (b) <u>Arterio-sclerosis, stroke, et by</u>			<u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Primary Coramion / stroke</u>			<u>7 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>senility</u>					<u>2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <u>2</u> 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) m.		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 7-2-57, 1957, to 7-3-, 1957, that I last saw the deceased alive on 7-2-, 1957, and that death occurred at 12 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter Shannon M.D.</u>		23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>7-4-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 5, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shiloh</u>	
				24d. LOCATION (City, town, or county) (State) <u>Near Chilhowee, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>July 5, 1957</u>		REGISTRAR'S SIGNATURE <u>Savannah Cristfield</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cook Funeral home, Chilhowee, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

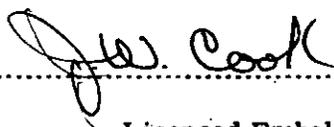
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**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. 4335

P. O. Address Chulhowa

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.