

No. 300  
10.48

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **696**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Boonville</b>		c. LENGTH OF STAY (in this place) <b>2 Weeks</b>	c. CITY OR TOWN <b>Boonville</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Haas Nursing Home.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <b>1119 Third St, 02120</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Georgia</b> b. (Middle) <b>Lee</b> c. (Last) <b>Shannon</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 4 1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>June 29 1893</b>
9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/> <b>Cooper County, Missouri.</b>
		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Elza B. Shannon</b>		13b. MOTHER'S MAIDEN NAME <b>Jennie Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-----</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. V. H. Mills, Boonville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Pyelonephritis leading up into uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>6000</b>		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan 1, 1958** to **Jan 4, 1958**, that I last saw the deceased alive on **Jan 4, 1958** and that death occurred at **4 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert Ravenrooy M.D.</b>		(Degree or title)		23b. ADDRESS <b>Boonville, Mo.</b>		23c. DATE SIGNED <b>Jan 7, 58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 6/1958</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Boonville, Missouri.</b>	

DATE REC'D BY LOCAL REG. <b>1-7-58</b>		REGISTRAR'S SIGNATURE <b>DA Hooper</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Goodman &amp; Boller Boonville, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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... *William W. Wood* .....

Licensed Embalmer No. 4539

P. O. Address Boonville, I

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.