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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029364
STATE FILE NUMBER

FILED AUG 19 1958

Registration District No. 146 Primary Registration District No. 55-68 Registrar's No. 338

1. PLACE OF DEATH
a. COUNTY Jackson Blue
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Rt. # 1 Buckner, Mo — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3 Miles N.W. Allen — Length of stay in 1b Road - 2 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MINNESOTA b. COUNTY Unknown
c. CITY OR TOWN Calloway 8220 8 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Unknown — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First SHANNON Middle VICTOR Last LEE ALLISON

4. DATE OF DEATH Month Aug. Day a 13, Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug. 16, 1941
9. AGE (In years last birthday) 16 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY Child
11. BIRTHPLACE (City and state or country) Graveville, Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Ruth Marie Allison
14. NAME OF HUSBAND OR WIFE None

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. 492-44-6392
17. INFORMANT Address Mrs. Ernest Butler, Buckner, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Death by Hanging
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 974 X
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ X2

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Hung himself in barn
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 8-13-58
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Residence
20f. CITY, TOWN, OR LOCATION COUNTY Jackson STATE Como

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner
22b. ADDRESS 1034 Rialto Bldg
22c. DATE SIGNED 8-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 16, 1958
23c. NAME OF CEMETERY OR CREMATORY Buckner Cemetery
23d. LOCATION (City, town, or county) (State) Buckner Missouri

24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons, Indep., Mo.
25. DATE RECD. BY LOCAL REG. 8-16-58
26. REGISTRAR'S SIGNATURE James S. Crane

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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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 Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.