

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016503

FILED VS APR 19 1960

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 82 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	<u>St. Charles</u>	e. STATE	<u>Missouri</u> b. COUNTY <u>St. Charles</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	<u>St. Charles</u>	c. CITY OR TOWN	<u>St. Charles</u>
Length of stay in lb	<u>4 Weeks</u>	Inside Limits	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	<u>St. Charles Nursing H.</u>	d. STREET ADDRESS	<u>St. Charles Nursing H.</u>
Inside Limits	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
	<u>Nancy</u>	<u>R.</u>	<u>Shannon</u>	<u>April</u>	<u>12</u>	<u>1960</u>	

5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR
<u>Female</u>	<u>White</u>		<u>Oct. 18 / 75</u>	<u>84</u>	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 country)	12. CITIZEN OF WHAT COUNTRY
<u>Housekeeper</u>	<u>Home</u>	<u>St. Charles County, Mo</u>	<u>USA</u>

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
<u>John Randolph</u>	<u>Charity Fields</u>	<u>James Shannon</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
<u>No</u>	<u>None</u>	<u>Mrs. Gladys Luerding,</u>	<u>Brentwood, Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>	<u>Many Years</u>
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.	
DUE TO (b)	
DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days.
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY	Hour	Month, Day, Year
	a.m. p.m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 3-29-60 to 4-12-60 and last saw her alive on 4-6-60
 Death occurred at 8:00 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title)	22b. ADDRESS	22c. DATE SIGNED
<u>A. T. Connerford M.D.</u>	<u>St. Charles, Mo</u>	<u>4-12-16</u>

23a. BURIAL CREMATION, RE-OVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>4/14/60</u>	<u>Oak Grove Cemetery</u>	<u>St. Charles, Mo.</u>

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<u>Arthur C. Baue,</u>	<u>St. Charles, Mo.</u>	<u>April 13, 1960</u>	<u>Patricia Wilson</u>

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

APR 21

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David C. Bane

Licensed Embalmer No. 506

P. O. Address St. Charles

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.