

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23107A

DELAYED

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 6131		Registrar's No. 40	
1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Montier</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Montier</u>		TOWN <u>MORAN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 2 - TWN</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u>		b. (Middle) <u>Mae</u>		c. (Last) <u>Shanley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 7 1947</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 22-1910</u>	
9. AGE (in years last birthday) <u>37</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Arroll Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Geo Drost</u>		13b. MOTHER'S MAIDEN NAME <u>Thora Tober</u>		14. NAME OF HUSBAND OR WIFE <u>Hale Shanley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Hale Shanley M. Keen</u> ADDRESS _____			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinosis of Liver</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
		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.				5810	
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) _____		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>49</u> , to <u>June 7</u> , 19 <u>47</u> , that I last saw the deceased alive on <u>June 7</u> , 19 <u>47</u> , and that death occurred at <u>9 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Haven Hampton</u> (Degree or title) <u>P.O.</u>				23b. ADDRESS <u>Summersville</u>		23c. DATE SIGNED <u>11-15-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-9-47</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Ann's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Montier Mo. 7-9-47</u>	
DATE REC'D BY LOCAL REG. <u>11-28-49</u>		REGISTRAR'S SIGNATURE <u>E. B. Rader</u>		FUNERAL DIRECTOR'S SIGNATURE <u>J. P. Shannon</u>		ADDRESS <u>M. Keen</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Havall Co

NOV 28 1949

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed *John J. Duncan* _____

Licensed Embalmer No. *2516* _____

P. O. Address *W. H. Street 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 this body is not embalmed, fact should be so stated above.