

IOWA STATE DEPARTMENT OF HEALTH Division of Vital Statistics		CERTIFICATE OF DEATH STATE OF IOWA		54-09665	
Birth No.		State File No.			
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)		
a. County <u>Montgomery</u>			a. State <u>Iowa</u> b. County <u>Montgomery</u>		
b. City (If outside corporate limits, write RURAL and give township) or Town <u>Red Oak,</u>			c. City (If outside corporate limits, write RURAL and give township) or Town <u>Red Oak,</u>		
c. Length of Stay (in this place) <u>10 yrs.</u>			d. Street Address (If rural, give location) <u>610 First Street</u>		
d. Full Name of Hospital or Institution <u>610 First Street</u>			d. Street Address (If rural, give location) <u>610 First Street</u>		
3. NAME OF DECEASED			4. Date of Death		
a. (First) <u>LENA</u> b. (Middle) <u>MARGARET</u> c. (Last) <u>SHANNON</u>			(Month) (Day) (Year) <u>May 9, 1954</u>		
(Type or Print)					
5. Sex <u>Female</u>		6. Color or Race <u>White</u>		7. Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>	
8. Date of Birth <u>January 31, 1883</u>		9. Age (In years last birthday) <u>71</u>		10. Usual Occupation (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. Birthplace (State or foreign country) <u>Blythedale, Mo.</u>		12. Citizen of What Country? <u>U.S.A.</u>		13. Father's Name <u>John G. Reed</u>	
14. Mother's Maiden Name <u>Mary Ann Briedeell</u>		15. Was Deceased Ever in U.S. Armed Forces? (Yes, no, or unknown) <u>NO</u>		16. Social Security No. <u>None</u>	
17. INFORMANT'S SIGNATURE <u>Mrs. Jack Dannausk</u>		18. Cause of Death			
Interval Between Onset and Death <u>2 years</u>		MEDICAL CERTIFICATION			
I. Disease or Condition Directly Leading to Death* (a) <u>Congestive Heart Failure</u>		Antecedent Causes			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, Due to (b) _____			
giving rise to the above cause (a) stating the underlying cause last. 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		20. Autopsy? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21a. Accident (Specify) <u>Suicide</u>		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) (Min.) (Sec.)		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>January 31, 1952</u> , to <u>May 9, 1954</u> , that I last saw the deceased alive on <u>May 9, 1954</u> , and that death occurred at <u>9:55 p.m.</u> , from the causes and on the date stated above.					
23a. ATTENDANT'S SIGNATURE <u>W.S. Shinnick D.O.</u>		23b. Address <u>621 3rd St., Red Oak, Ia.</u>		23c. Date Signed <u>May 11, 1954</u>	
24a. Burial, Cremation, Removal (Specify) <u>Burial</u>		24b. Date <u>May 12, 1954</u>		24c. Name of Cemetery or Crematory <u>Emerson Cemetery,</u>	
24d. Location (City, town, or county) (State) <u>Emerson, Iowa</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Nelson</u>		Address <u>Red Oak, Iowa</u> License Number <u>930</u>	
26. Date Rec'd by Local Registrar <u>May 11, 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		File Number <u>61</u>	

USE TYPEWRITER OR DARK UNFADING INK

RITE  
Use

ident

injury

954

# Iowa, U.S., Death Records, 1880-1972

## Record Index

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**Name:** Lena Margaret Shannon  
**Gender:** Female  
**Race:** White  
**Age:** 71  
**Birth Date:** 31 Jan 1883  
**Death Date:** 9 May 1954  
**Death Place:** Red Oak, Montgomery, Iowa, USA  
**Burial Date:** 12 May 1954  
**Burial Place:** Emerson  
**Father:** John G Reed  
**Mother:** Mary Ann Briedeel  
**Certificate Number:** 54-09665

## Source Information

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**Record Url:**

<https://www.ancestry.com/imageviewer/collections/61442/images/i2720396-02067>

**Source Citation:**

State Historical Society of Iowa; Des Moines, Iowa; Iowa Death Records, 1952-1967; Reference: 18-0688\_US-IA

**Source Information**

Ancestry.com.

*Iowa, U.S., Death Records, 1880-1972*

[database on-line]. Lehi, UT, USA: Ancestry.com Operations, Inc., 2017.

Original data: Iowa Deaths, 1880-1904. State Historical Society of Iowa, State Archives, Des Moines, Iowa.; Iowa, Deaths, 1920-1951. State Historical Society of Iowa, State Archives, Des Moines, Iowa.