

THE DIVISION OF HEALTH OF MISSOURI

2182

FILED FEB 4 1949 STANDARD CERTIFICATE OF DEATH

State File No.

823

BIRTH NO. REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5949 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Frankford</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Frankford</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Univ. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>R R # 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) <u>Snider</u> c. (Last) <u>Snider</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 21 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 9, 1904</u>
9. AGE (In years last birthday) <u>44</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	11. BIRTHPLACE (State or foreign country) <u>Madison County Mo. /</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Edward Enloe</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Snow</u>	
14. NAME OF HUSBAND OR WIFE <u>Gus Snider</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Enloe</u> ADDRESS <u>Frankford, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Double Pulmonary Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cold & Arthritis</u> DUE TO (c) <u>Invalid 7 years</u> 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 <u>OK</u>	
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) (Minute)		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>June</u> , 19 <u>48</u> , to <u>Jan 21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 21</u> , 19 <u>49</u> , and that death occurred at <u>3 A.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>E. P. Hansen</u>		23b. ADDRESS (Degree or title) <u>D.O. 2 Frankford Mo.</u>	
23c. DATE SIGNED <u>Jan 21-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan 23 '49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Pisgah</u>	
24d. LOCATION (City, town, or county) (State) <u>Pike Co. Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fields & Son</u> ADDRESS <u>Frankford Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-24-49</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u> <u>254</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 23 1953

RECEIVED

District Health Officer No. 10

District File Number 2-49-228

Date Filed FEB 3 - 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Irwin Fields Negowa

Signed _____
Student Embalmer

Licensed Embalmer No. 04092

P. O. Address Frankford, 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.