

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4386

State File No. 24

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>4144</u>		Registrar's No. <u>24</u>								
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>										
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pilot Grove</u>		c. LENGTH OF STAY (In this place) <u>5 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pilot Grove</u>										
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pilot Grove</u>				d. STREET ADDRESS (If rural, give location) _____										
3. NAME OF DECEASED (Type or Print) <u>GEORGE BERTRAM SNAPP</u>			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 18 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>		8. DATE OF BIRTH <u>June 14, 1887</u>		9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>9</u>		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>minister</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (State or foreign country) <u>Windsor, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Woodrow A. Snapp</u>				13b. MOTHER'S MAIDEN NAME <u>Larck Lacy</u>				14. NAME OF HUSBAND OR WIFE <u>Mrs. Mary Elizabeth Snapp</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>49728-3397</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Mary Elizabeth Snapp, Pilot Grove, 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.														
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage, Spont</u>														
INTERVAL BETWEEN ONSET AND DEATH <u>40 hrs</u>														
II. OTHER SIGNIFICANT CONDITIONS Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Atherosclerosis, Coronary</u>														
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>50%</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) (m.)			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>Feb 16</u> , 19 <u>49</u> , to <u>Feb 18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 18</u> , 19 <u>49</u> , and that death occurred at <u>7:30 A.M.</u> from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) <u>D. T. Humphreys M.D.</u>						23b. ADDRESS <u>North Grove Mo</u>			23c. DATE SIGNED <u>2/21/49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 20 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Sebelsia Mo.</u>							
DATE REC'D BY LOCAL REG. <u>Feb 19, 1949</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u> 3810			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Hays - Painter Pilot Grove, Mo.</u>									

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-4-49

MAR 9 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.

Student .....  
Student Embalmer

Signed Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, Wis

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.