

FILED MAR 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8911

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5578		Registrar's No. 55	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Duenweg JASPER TWP; RURAL		c. LENGTH OF STAY (If this place) 5 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Duenweg JASPER TWP; RURAL			
d. FULL NAME OF HOSPITAL OR INSTITUTION Duenweg, Missouri				d. STREET ADDRESS (If rural, give location) Duenweg, Missouri			
3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) Ann c. (Last) Snider			4. DATE OF DEATH (Month) (Day) (Year) Feb. 18, 1949				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Nov. 1, 1868		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Georgia Driskill, Duenweg, Missouri			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage. ANTECEDENT CAUSES Hypertension. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis & Nephritis. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓					INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION ✓ 4510					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Feb 15, 1949, to Feb 18, 1949, that I last saw the deceased alive on Feb 18, 1949, and that death occurred at 1:15 P.M., from the causes and on the date stated above.							
23a. SIGNATURE J. B. Green, M.D. (Degree or title)				23b. ADDRESS 330 1/2 Main St. Joplin		23c. DATE SIGNED 2-24-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 20, 49	24c. NAME OF CEMETERY OR CREMATORY Weaver Cemetery		24d. LOCATION (City, town, or county) (State) 6 Miles N of Webb City, Mo.			
DATE REC'D BY LOCAL REG. MCH 16; 1949	REGISTRAR'S SIGNATURE J. B. Green		FUNERAL DIRECTOR'S SIGNATURE Johnston Arnoe-Simpson		ADDRESS Webb City, Mo.		

SENT TO JOPLIN OFFICE BY \_\_\_\_\_ (Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_  
Student Embalmer

Signed *Jack C. Simpson*  
Licensed Embalmer No. *4647*

P. O. Address *Webb City, 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.