

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9312

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>229</u>	PRIMARY REG. DIST. NO. <u>5809</u>	Registrar's No. <u>2</u>
1. PLACE OF DEATH a. COUNTY <u>Montgomery Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Montgomery.</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>New Florence, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>New Florence, Mo.</u>		
c. LENGTH OF STAY (in this place) <u>29 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophia</u> b. (Middle) <u>Matilda</u> c. (Last) <u>Snedeker.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 19th 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 18th 1857</u>	9. AGE (In years last birthday) <u>91</u> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
10a. 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>Near Americus, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Charles Antanrith.</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Wright.</u>	14. NAME OF HUSBAND OR WIFE <u>C.W. Snedeker.</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.	17. INFORMANT'S SIGNATURE OR NAME <u>James E. Polgo</u> ADDRESS <u>New Florence, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial decompensation with de-generation.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>4500</u> II. OTHER SIGNIFICANT CONDITIONS <u>Chronic cholecystitis, generalized arteriosclerosis and senility.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>several years.</u>
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>2-26</u> , 19 <u>49</u> , to <u>3-9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-9</u> , 19 <u>49</u> , and that death occurred at <u>11:06 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>C. A. Thompson, M.D.</u>		23b. ADDRESS <u>New Florence, Missouri</u>	23c. DATE SIGNED <u>3-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 12-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant Cemt.</u>	24d. LOCATION (City, town, or county) (State) <u>Near High Hill, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-21-49</u>	REGISTRAR'S SIGNATURE <u>James O. Helm</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James O. Helm</u> ADDRESS <u>Near Americus</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48  
7000

Date Filed  
Apr 6 1949

RECEIVED  
EMERALD  
CHAMBER NO. 9

MAR 11 1950

**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 \_\_\_\_\_

D. B. Baker,

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed 

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3375

P. O. Address Americus, 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.