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FILED MAY 2 1949 STANDARD CERTIFICATE OF DEATH

11952

State File No. _____

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

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5383</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Gladden</u>		c. LENGTH OF STAY (In this place) <u>41 her life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		33	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>South of Salem</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Etta</u>		b. (Middle) <u>Snider</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>April 10 1949</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>w. dewe 22</u>		8. DATE OF BIRTH <u>3/21/83</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, give if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Dent Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Thomas Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva Welch</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Snider</u>		ADDRESS <u>Darien 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>Op 12/1/4</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>High Blood Pressure</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>33 1/2</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min) _____		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>4-9</u> , 19 <u>49</u> , to <u>4-10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-9</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>D. G. P. Jones M.D.</u> (Degree or title)				23b. ADDRESS <u>Salem Mo</u>		23c. DATE SIGNED <u>4-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4/12/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miner</u>		24d. LOCATION (City, town, or county) (State) <u>Gladden Twp Dent Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>4/15/49</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orlinda Jones</u>		ADDRESS <u>Salem Mo</u>	

27M Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

File Number 449297

Filed 4-23-49

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 _____

Licensed Embalmer No. 9370

P. O. Address Dallas 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.