

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15270

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay 24</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. LENGTH OF STAY (In this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>721 Old Orchard</u>				d. STREET ADDRESS (If rural, give location) <u>721 Old Orchard</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARYADE</u> b. (Middle) <u>GERTRUDE</u> c. (Last) <u>SNYDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1949</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 6, 1886</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>16</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
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 <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>McAlester, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Jefferson Merrill</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE. <u>Walter Snyder</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Snyder, Ex. Springs, 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>Coronary occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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.					INTERVAL BETWEEN ONSET AND DEATH <u>Instant</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) (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>5/22</u> , 19 <u>49</u> , to <u>5/22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5/22</u> , 19 <u>49</u> , and that death occurred at <u>10:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. M. G. ... M. D.</u>				23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>5/23/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 24, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/22/49</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		62 25. FUNERAL DIRECTOR'S SIGNATURE <u>Claude Reichard</u>		ADDRESS <u>Ex. Springs, Mo.</u>	

JUN 8 RECD  
RECEIVED

District Health Officer No. 2

District File Number

Date Filed 6-9-49

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**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 Lincoln K. Jarman

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

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.