

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16682**

FILED JUN 3 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **225** PRIMARY REG. DIST. NO. **4335** Registrar's No. **10**

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

1. PLACE OF DEATH a. COUNTY <b>Moniteau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Tipton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Tipton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>No street numbers</b>		d. STREET ADDRESS (If rural, give location) <b>No street numbers</b>	
3. NAME OF DECEASED a. (First) <b>Mildred</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>Snorgress</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May, 27, 1949</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March, 7, 1882</b>
9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Texas</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Frank Hays</b>		13b. MOTHER'S MAIDEN NAME <b>Mildred Woodrum</b>	14. NAME OF HUSBAND OR WIFE <b>Andy R. Snorgress</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Andy R. Snorgress, Tipton, Mo.</b>
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) <b>Carcinoma lungs</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>" Cervix</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>171X</b>	
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 <b>2/10</b> , 1949, to <b>5/21</b> , 1949, that I last saw the deceased alive on <b>5/21</b> , 1949, and that death occurred at <b>11:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>G. J. Potts M.D.</b>		23b. ADDRESS <b>Tipton, Mo.</b>	23c. DATE SIGNED <b>5/23/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May, 24, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Tipton, Mo.</b>
DATE REC'D BY LOCAL REG. <b>5-23-49</b>	REGISTRAR'S SIGNATURE <b>Mrs. Maude Hedson</b>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>James E. Richards Tipton Mo</b>	

RECEIVED  
District Health Officer No. 9,  
District File Number  
JUN 2 1949  
Date Filed

SEP 26 1958

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 James E. Richards  
Licensed Embalmer No. 2466  
P. O. Address Lipton Mo

Signed.....  
Student Embalmer

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.