

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19213

State File No.

No. 300
10.48

FILED JUL 11 1949

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BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>580</u>		
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield Mo.</u>		c. LENGTH OF STAY (in this place) <u>(1)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rt 3 Seymour</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>				
3. NAME OF DECEASED (Type or Print) <u>OBE D</u>			a. (First)		b. (Middle)		c. (Last) <u>SNELSON</u>	
4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>30</u>		(Year) <u>49</u>		
5. SEX <u>M (1)</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1905 April - 27</u>		
9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR Months <u>2</u>		IF UNDER 1 YEAR Days <u>3</u>		IF UNDER 1 MRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stationary Engineer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri U</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Andrew S. Nelson</u>		13b. MOTHER'S MAIDEN NAME <u>Loria Trantham</u>		
14. NAME OF HUSBAND OR WIFE <u>Edna Snelson</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>523-05-2136</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Edna Snelson - Seymour Mo Rt 3</u>				ADDRESS <u></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>Mal. T.B. peritonitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo</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.								
19a. DATE OF OPERATION <u>6-17-49</u>				19b. MAJOR FINDINGS OF OPERATION <u>peritonitis</u>				
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>6-11-49</u> to <u>6-29-49</u> , that I last saw the deceased alive on <u>6-29-49</u> , and that death occurred at <u>7:30 Am.</u> , from the causes and on the date stated above.								
22a. SIGNATURE (Degree or title) <u>Wesley H. Kelly M.D. 609 Cherry Springfield</u>				22b. ADDRESS <u>Seymour Mo</u>		22c. DATE SIGNED <u>7-1-49</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 2 1949</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Seymour</u>		23d. LOCATION (City, town, or county) (State) <u>Seymour Mo</u>		
DATE REC'D BY LOCAL REG. <u>7-2-49</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley-Ferrall-Berman</u>		ADDRESS <u>Seymour Mo.</u>		

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. 482

working under my personal supervision.

Student Max L. Miller
Student Embalmer

Signed J. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.