

FILED SEP 21 1949

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

BIRTH NO. 56184-49 REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4188 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u> <u>37</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>2</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lester</u> b. (Middle) <u>Paul</u> c. (Last) <u>Snodgrass</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12 1949</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Sept. 1, 1949</u>	9. AGE (In years last birthday) <u>11</u>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>**</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>**</u>	11. BIRTHPLACE (State or foreign country) <u>Washington, Mo. D</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>James L. Snodgrass</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Drewell</u>	14. NAME OF HUSBAND OR WIFE <u>**</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>**</u>	16. SOCIAL SECURITY NO. <u>**</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James L. Snodgrass</u>	ADDRESS <u>Owensville, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac malformation, Congenital</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7544</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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Sept 1, 1949, to Sept 12, 1949, that I last saw the deceased alive on Sept 12, 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. M. Keller M.D.</u>	23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>Sept. 12, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-13-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Snodgrass Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>near Vienna, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9/13/49</u>	REGISTRAR'S SIGNATURE <u>Dorothy Lockman</u> <u>363</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael H. H. Thayer</u>	ADDRESS <u>OWENSVILLE</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED SEP 15 1945
District Health Officer No. 9,
District File Number _____

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

NO EMBALMING

Signed *Malford H. H. Winter*

Signed _____
Student Embalmer

Licensed Embalmer No. *3131*

P. O. Address *OWENSVILLE 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.