

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33717

State File No. _____

3025
3225

Registrar's No. 13

BIRTH NO. _____		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. _____		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN West Plains,		c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "R" Howell Township			
d. FULL NAME OF HOSPITAL OR INSTITUTION Christa Hogan Hosp.				d. STREET ADDRESS (If rural, give location) Near Brandsville, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Daniel		b. (Middle) Owen		c. (Last) Snook		4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1949	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Sept. 25, 1875	
9. AGE (In years last birthday) 74		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Litchfield, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Roger Snook, Kansas City, Kansas.			
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) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis 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 10 days 12 yrs. 332 X	
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) _____		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 10-22 , 1949, to 10-25 , 1949, that I last saw the deceased alive on 10-25 , 1949, and that death occurred at 10:45 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE H. L. Lallian M. D. (Degree or title)				23b. ADDRESS West Plains, Mo.		23c. DATE SIGNED 10/31/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Oct. 28, 1949		24c. NAME OF CEMETERY OR CREMATORY Howell Valley Cem.		24d. LOCATION (City, town, or county) (State) Howell County, Mo.	
DATE REC'D BY LOCAL REG. 11-3-49		REGISTRAR'S SIGNATURE Beatrice Cook		379		25. FUNERAL DIRECTOR'S SIGNATURE Hal Stoubergh ADDRESS West Plains, Missouri	

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

RECEIVED 11/8/49
District Health Officer No. 5,
District File Number 1149690
Date Filed 11/10/49

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 Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.