

FILED DEC 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36296

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5114 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <i>Bellinger</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Bellinger</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>rural</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>rural</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sturdivant, Mo</i>		d. STREET ADDRESS (If rural, give location) <i>near Sturdivant, Mo</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>DORA</i> b. (Middle) <i>Snyder</i> c. (Last) <i>Snyder</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Nov-15-1949</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Mar. 17, 1894</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife at home</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>55</i> IF UNDER 1 YEAR Months <i>7</i> Days <i>28</i> IF UNDER 1 HRS. Hours <i></i> Min. <i></i>
11. BIRTH PLACE (State or foreign country) <i>Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Herbman</i>		13b. MOTHER'S MAIDEN NAME <i>Bell</i>	
14. NAME OF HUSBAND OR WIFE <i>Robert Delo Snyder</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or No) <i>No</i> (If yes, give way or dates of service)	
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Marrisa Watkins</i> ADDRESS <i>Sturdivant</i>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Decompensation</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): <i>Carcinoma of cervix</i> DUE TO (c) <i>with metastasis to liver.</i>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <i>17 IX</i>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None</i>		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) <i>None</i> 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 <i>1/3</i> , 19 <i>48</i> , to <i>11/15</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>Nov 15</i> , 19 <i>49</i> , and that death occurred at <i>9:30</i> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>John J. Myers D.O.</i>		23b. ADDRESS <i>Sateville, Mo</i>	
23c. DATE SIGNED <i>11/18/49</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried Nov. 17, 1949</i>	
24b. DATE <i>Nov. 17, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Cato Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>near Greencastle, Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter S. Morgan</i> ADDRESS <i>Greencastle, Mo</i>	
DATE REC'D BY LOCAL REG. <i>Dec 1, 1949</i>		REGISTRAR'S SIGNATURE <i>Willie W. Lambright</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

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Mo

RECEIVED 12-6-49  
of Health Officer No. 4  
of File Number 1249-1594  
Date Filed

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 \_\_\_\_\_

*Lloyd S. Morgan Jr.*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Lloyd S. Morgan Jr.*  
Licensed Embalmer No. 4493

P. O. Address *Advance, Md.*

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.