

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38242

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5932 Registrar's No. 389

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaMonte (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaMonte (Rural)	
c. LENGTH OF STAY (in this place) 6 mo.		d. STREET ADDRESS (If rural, give location) R.F.D. # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. # 1			

3. NAME OF DECEASED (Type or Print)	a. (First) Lena	b. (Middle) C.	c. (Last) Snyder	4. DATE OF DEATH (Month) (Day) (Year)
				11 15 1949

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 13 1880	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 3 Days 2	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Parsons Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edward Young	13b. MOTHER'S MAIDEN NAME Elizabeth Lortz	14. NAME OF HUSBAND OR WIFE William E. Snyder
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. H H. Cottingham ADDRESS LaMonte Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the stomach		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
	ANTECEDENT CAUSES Morbidity 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)	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 June 1, 1949, to Nov 15, 1949, that I last saw the deceased alive on Nov 15, 1949, and that death occurred at 11 P. M., from the causes and on the date stated above.

23a. SIGNATURE H.E. Walker (Degree or title)	23b. ADDRESS M.R. LaMonte Mo	23c. DATE SIGNED 11-16-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-18-49	24c. NAME OF CEMETERY OR CREMATORY Oak Wood
		24d. LOCATION (City, town, or county) (State) Parsons Kansas

DATE REC'D BY LOCAL REG. 11-16-49	REGISTRAR'S SIGNATURE Betty Yeager Deporter	25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Moore ADDRESS LaMonte Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 21

RECEIVED

District Health Officer No. 8.

District File Number _____

Date Filed 11-23-49

NOV 28 1949

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 Paul M. Moore

Licensed Embalmer No. 30923

P. O. Address La Monte 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.