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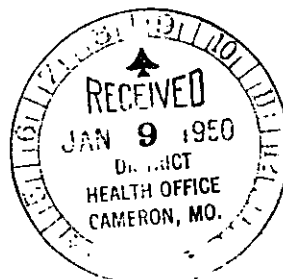
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40682

BIRTH NO. _____		REG. DIST. NO. <u>29</u>		PRIMARY REG. DIST. NO. <u>3373</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>DeKalb (West Camden)</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Amity (Rural)</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Amity (Rural)</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BERNICE</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>BERNICE</u>		b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>SNELLING</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>May 30 1890</u>	
9. AGE (In years last birthday) <u>59</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>DeKalb Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>JOHN SNELLING</u>		13b. MOTHER'S MAIDEN NAME <u>HATTIE IRENE DEWEY</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MISS HELEN SNELLING</u>		ADDRESS <u>AMITY MO.</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>Coronary Thrombosis</u> 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. INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>4-201</u>				20. AUTOPSY? YES ☐ NO ☐	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21a. 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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____				22. I hereby certify that I attended the deceased from <u>Oct 1944</u> , to <u>Dec 19, 1949</u> , that I last saw the deceased alive on <u>Dec 19, 1949</u> , and that death occurred at <u>Amity</u> Mo., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Dr. Harold Fowler M.D.</u>		23b. ADDRESS <u>Maysville Mo.</u>		23c. DATE SIGNED <u>12-21-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-23-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Amity</u>		24d. LOCATION (City, town, or county) (State) <u>Amity Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/21-49</u>		REGISTRAR'S SIGNATURE <u>Robert Davidson</u> <u>820</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>PILCHER FUNERAL HOME</u>		ADDRESS <u>MAYSVILLE MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

C. I. Plicher

Licensed Embalmer No. 3960
Maysville Mo

P. O. Address _____

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.