

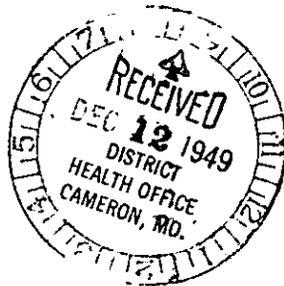
FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40908**

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>4203</u>		Registrar's No. <u>168</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY <u>Grundy</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Galt</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Grundy</u>			
c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Galt</u>		d. STREET ADDRESS (If rural, give location)		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX			
a. (First) <u>OREN ALFRED</u>			b. (Middle) <u>SNAPP</u>			c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <u>11-29-49</u>			5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		
8. DATE OF BIRTH <u>Feb 15 1874</u>			9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>14</u>		IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Merced Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel R Snapp</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Hulme</u>			14. NAME OF HUSBAND OR WIFE <u>Sarah Snapp</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>✓</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Harry Snapp</u> ADDRESS <u>Galt Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			ANTECEDENT CAUSES					1 week	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			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.					331X	
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) (Min.)			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 <u>Nov 15th</u> , 19 <u>49</u> , to <u>Nov 29th</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 28th</u> , 19 <u>49</u> , and that death occurred at <u>7:45 PM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Oiver F. Duffly M.D.</u> (Degree or title)			23b. ADDRESS <u>Trenton Mo.</u>			23c. DATE SIGNED <u>Nov. 30th 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>12-1-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hall Rock Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Speckard Mo (Rural)</u>		
DATE REC'D BY LOCAL REG. <u>12-1-49</u>			REGISTRAR'S SIGNATURE <u>J. J. Fair</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Payne</u> ADDRESS <u>W. Galt Mo</u>			

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 P.K. Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.