

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3699

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 6267 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY WEBSTER	
b. CITY OR TOWN EKLAND RURAL	c. LENGTH OF STAY (in this place) 1 yr	c. CITY OR TOWN EKLAND RURAL	1120
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Township		d. STREET ADDRESS (If rural, give location) Jackson Township	

3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) R. c. (Last) SNODGRASS		4. DATE OF DEATH (Month) (Day) (Year) 1-13-50	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-29-1873
9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 0 Days 14	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME JAMES SNODGRASS	13b. MOTHER'S MAIDEN NAME NANCY WELCH	14. NAME OF HUSBAND OR WIFE MARTHA SNODGRASS
------------------------------------	---------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARTHA SNODGRASS - EKLAND
--	-------------------------	---

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Reveled Haemorrhage (Apoplexy)		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) Diabetes Mellitus		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4 yrs	

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 1842 to 1-13, 1950, that I last saw the deceased alive on 1-12, 1950, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. O. Jamison	23b. ADDRESS Buffalo Mo	23c. DATE SIGNED 1-18-50
--	-------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-15-50	24c. NAME OF CEMETERY OR CREMATORY FREEWILL CEM.	24d. LOCATION (City, town, or county) (State) DALLAS Co. - Mo
--	-------------------	--	---

DATE REC'D BY LOCAL REG. 1-23-50	REGISTRAR'S SIGNATURE	392	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. B. Jones - Buffalo, Mo
----------------------------------	-----------------------	-----	--

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 30 1950

District Health Office No. 6

District File Number 150-148

Date Filed 1-31-50

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.

Signed Marion B. Jones

Signed _____

Student Embalmer

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.