

FILED MAR 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4030

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 94

123

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

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fremont (Rural)</u>	
c. LENGTH OF STAY (In this place) <u>7 Days</u>		d. STREET ADDRESS (If rural, give location) <u>Poplar Bluff Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) <u>2-15-50</u>	
3. NAME OF DECEASED a. (First) <u>Sally Sarah Ann</u> b. (Middle) <u>Snyder</u> c. (Last) <u>Snyder</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Dec 24 1889</u>		9. AGE (In years last birthday) <u>60</u> # UNDER 1 YEAR Months _____ DAY _____ # UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Shannon Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Peat Sanders</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Lindle</u>	
14. NAME OF HUSBAND OR WIFE <u>John Snyder</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>500-24-7958</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Snyder</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Intestinal Obstruction</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. <u>Primary cause - acute peritonitis</u> DUE TO (c) <u>due to gangrenous cholecystitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(Supplementary report) 5705</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Fremont (Carter)</u>	
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 <u>2/14, 1950</u> to <u>2/15, 1950</u> , that I last saw the deceased alive on <u>2/15, 1950</u> and that death occurred at <u>8:45 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Wm. H. Johnson M.D.</u> (Degree or title)		23b. ADDRESS <u>Poplar Bluff Mo.</u>	
23c. DATE SIGNED <u>2/27/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant site</u>	
24d. LOCATION (City, town, or county) (State) <u>Carter Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>Feb 28-1950</u>	
REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Dewitt Van Buren, Inc.</u>	
ADDRESS <u>428</u>		ADDRESS	

MAR 6 1950

350-115

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

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

Leaton Pewitt

Licensed Embalmer No. *2287*

P. O. Address *Van Buren 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.