

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12066

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 507

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 3 weeks	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Missouri Methodist Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Agency Rural Tremont	
		d. STREET ADDRESS (If rural, give location) Rural Agency	

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle) E.	c. (Last) Snyder	4. DATE OF DEATH (Month) (Day) (Year)	April 20 1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH March 13, 1864	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school Teacher	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (State or foreign country) Buchanan Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John R. Snyder	13b. MOTHER'S MAIDEN NAME Mary E. Ridge	14. NAME OF HUSBAND OR WIFE Single
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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 Ora H. Snyder	ADDRESS Agency 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH about 1 mo 691040 21
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured hip</u>		
	ANTECEDENT CAUSES Morbid 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. <u>Heart disease Arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 125	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident at home	21b. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.) at home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lower Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-24-50 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Patient fell in her home.
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22. I hereby certify that I attended the deceased from 3-31, 1950 to 4-20, 1950, that I last saw the deceased alive on 4-20, 1950, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John H. Murray M.D.</u>	23b. ADDRESS <u>Agency Mo</u>	23c. DATE SIGNED <u>4-24-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/23/50	24c. NAME OF CEMETERY OR CREMATORY Frazier Cem.	24d. LOCATION (City, town, or county) (State) Agency Mo
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DATE REC'D BY LOCAL REG. April 28, 1950	REGISTRAR'S SIGNATURE <u>E. E. Jenkins</u>	582	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Murray</u>	ADDRESS <u>Lower Mo.</u>
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(Licensed Embalmer's Signature on Reverse Side)

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

0117

JUL 20 1954

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 Me

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John H. Murray
Licensed Embalmer No. 2893

P. O. Address Yower 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.