

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23244

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 131

386

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

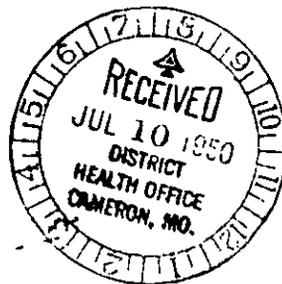
1. PLACE OF DEATH a. COUNTY Gentry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY North		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry		c. LENGTH OF STAY (In place) 6 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stant City Mo		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type or Print) a. (First) Maggie		b. (Middle) Zena		c. (Last) Snow	
5. SEX F		6. COLOR OF RACE W		4. DATE OF DEATH (Month) (Day) (Year) July 5 - 1950	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 1 - 1877		9. AGE (In years last birthday) 73 If under 1 year: Months 4 Days 7 If under 24 hrs. Hours 4 Min. 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Caplin Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Paul Clutter		13b. MOTHER'S MAIDEN NAME Lida Wood	
14. NAME OF HUSBAND OR WIFE John C. Snow		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Paul C. Clutter		ADDRESS			

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) nephritis				
		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 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)	
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 **6/16/1950**, 19**50**, to **7/5/1950**, 19**50**, that I last saw the deceased alive on **7/5/1950**, 19**50**, and that death occurred at **1:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Deputy or title) Paul C. Mendenhall		23b. ADDRESS Stanberry Mo		23c. DATE SIGNED 7/5/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 5 - 50		24c. NAME OF CEMETERY OR CREMATORY Freeland Cemetery	
24d. LOCATION (City, town, or county) (State) Allendale Mo		24e. LOCAL REGISTRAR'S SIGNATURE Edith Childs		24f. FUNERAL DIRECTOR'S SIGNATURE John Anderson	
DATE REC'D BY LOCAL REG. July 7 - 50		REGISTRAR'S SIGNATURE 430		ADDRESS Stant City Mo	



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.....

John Andrews

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

John Andrews

Licensed Embalmer No. *4211*

P. O. Address *Grant City 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.