

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24101

State File No. \_\_\_\_\_

FILED JUL 17 1950

Registrar's No. 43

BIRTH NO. _____		REG. DIST. NO. <u>218</u>		PRIMARY REG. DIST. NO. <u>4330</u>		State File No. _____		Registrar's No. <u>43</u>					
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss</u>									
b. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie</u>			c. LENGTH OF STAY (in this place) <u>40 yrs.</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie No 71</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____													
3. NAME OF DECEASED (Type or Print) a. (First) <u>EZRA</u>			b. (Middle) <u>C.</u>			c. (Last) <u>SNIDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28, 1950</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>Dec 28, 1877</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>				11. BIRTHPLACE (State or foreign country) <u>Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Albert Snider</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Ann Finley</u>				14. NAME OF HUSBAND OR WIFE <u>Mollie Snider</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk</u>				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <u>Rev. Sylvester Johnson</u> ADDRESS <u>East Prairie</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH  <u>4201</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) _____							
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>June 29, 1950</u> , to <u>June 29, 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:25 p.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>H. B. Neutral</u> (Degree or title) <u>M.D.</u>						23b. ADDRESS <u>E. Prairie, Mo.</u>			23c. DATE SIGNED <u>July 5, 1950</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 1, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dogwood Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Miss County Mo.</u>					
DATE REC'D BY LOCAL REG. <u>7/17/50</u>		REGISTRAR'S SIGNATURE <u>Anna Hayer</u>				FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Shelby</u> ADDRESS <u>East Prairie, Mo.</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

2671

JUL 14 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed JUL 14 1950

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 *Norris Shelby*

Licensed Embalmer No. *2726*  
P. O. Address *East Prairie, 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.