

FILED JUL 31 1950
Bartlett

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24215**

BIRTH NO. _____ REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **3907** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before death) a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, write RURAL and give township) Steele rural		c. CITY (If outside corporate limits, write BUREAU and give township) Steele Coals Wgs	
c. LENGTH OF STAY (In this place) 1 yr.		d. STREET ADDRESS (If rural, give location) San Dal 0750	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cooper Hosp			

3. NAME OF DECEASED (Type or Print) John Snider Jr.			4. DATE OF DEATH (Month) (Day) (Year) 7-3-50		
a. (First)	b. (Middle)	c. (Last)			

5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-22-1983	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 0 Days 11	IF UNDER 1 HRS. Hours 0 Min. 11
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Comp Labor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Wayne Co Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Snider	13b. MOTHER'S MAIDEN NAME Mary Rhoads	14. NAME OF HUSBAND OR WIFE Dorice Snider
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (m. no. or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Mrs Dorice Snider	ADDRESS Steele 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 Several years
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory failure		DUE TO (b) Hypertension		Several years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Arteriosclerosis		Several years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				447X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec.**, 1949, to **July**, 1950, that I last saw the deceased alive on **July**, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Robin Bartlett (Degree or title) V.O.	23b. ADDRESS Steele Mo	23c. DATE SIGNED 7/22/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 7-5-50	24c. NAME OF CEMETERY OR CREMATORY Mt Zion	24d. LOCATION (City, town, or county) (State) Steele Mo
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DATE REC'D BY LOCAL REG. 7-26-50	REGISTRAR'S SIGNATURE S. J. Olden	25. FUNERAL DIRECTOR'S SIGNATURE Samuel Wm Co	ADDRESS Steele Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8-50-209

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

JUL 28 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.

Signed.....
Student Embalmer

Signed

John St. Germain

Licensed Embalmer No. *1355*

P. O. Address

Hay 4, 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.