

FILED AUG 25 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25970

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 19

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—0041

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia	
c. LENGTH OF STAY (in this place) 2 1/2 yrs		d. STREET ADDRESS (If rural, give location) 808 Clay Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 808 Clay Street		e. FULL NAME OF HOSPITAL OR INSTITUTION 808 Clay Street	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle)	c. (Last) Snell	4. DATE OF DEATH (Month) (Day) (Year) Aug 10, 1950
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 17, 1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 2 Days 21	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	10b. KIND OF BUSINESS OR INDUSTRY Refractories	11. BIRTHPLACE (State or foreign country) Columbia, Mo.	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Ben Snell	13b. MOTHER'S MAIDEN NAME Martha Haden	14. NAME OF HUSBAND OR WIFE Lena Snell
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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) Yes Spanish War	16. SOCIAL SECURITY NO. 492-09-1458	17. INFORMANT'S SIGNATURE OR NAME Celeste Grimmitt, Vandalia, Mo.	ADDRESS
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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 2 days 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Essential hypertension		
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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 **Feb 2, 1950**, to **Aug 10, 1950**, that I last saw the deceased alive on **Aug 10, 1950**, and that death occurred at **5:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Emanuel P. Keame, MD (If negro or title)	23b. ADDRESS Vandalia, Mo	23c. DATE SIGNED 8/11/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 13, 1950	24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	24d. LOCATION (City, town, or county) (State) Vandalia, Missouri
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DATE REC'D BY LOCAL REG. Aug 14 1950	REGISTRAR'S SIGNATURE Mallie Fugate	25. FUNERAL DIRECTOR'S SIGNATURE W. Waters	ADDRESS Vandalia, Missouri
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Date Received: AUG 2 2 1950
DISTRICT HEALTH OFFICE #2
District File Number
Date Filed:

JUN 1 1957

AUG 25 1950

MAY 20 1952

Date Received: AUG 2 2 1950
DISTRICT HEALTH OFFICE #2
District File Number 8-50
Date Filed: AUG 2 2 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

Thos B. Waters

Licensed Embalmer No.

4169

P. O. Address

Vandalia 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.