

FILED OCT 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31463
State File No.

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6006 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lowry City rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lowry City (Rural) Butler's camp</u>	
c. LENGTH OF STAY in this place <u>Life</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Township</u>		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bert</u>		b. (Middle) <u>M. J</u>	
c. (Last) <u>Snyder</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9/25/1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>11/12/1904</u>
9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Hours Min.		11. BIRTHPLACE (State or foreign country) <u>St. Clair County Mo; 0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10b. KIND OF BUSINESS OR INDUSTRY		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
13a. FATHER'S NAME <u>Charley Snyder</u>		13b. MOTHER'S MAIDEN NAME <u>Diana North</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Claude Sherman Osceola Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u> ANTECEDENT CAUSES DUE TO (b) <u>Past history of</u> DUE TO (c) <u>Angina Pectoris</u> 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"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4202</u>	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>1946</u> to <u>Sept. 25, 1950</u> , that I last saw the deceased alive on <u>Sept. 24, 1950</u> , and that death occurred at <u>12 Noon</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. B. Boadwin M.D.</u>		23b. ADDRESS <u>Lowry City, Mo.</u>	
23c. DATE SIGNED <u>9-27-50</u>		(State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/28/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Landaker</u>		24d. LOCATION (City, town, or county) <u>Lowry City Mo;</u>	
DATE REC'D BY LOCAL REG. <u>9/27/50</u>		REGISTRAR'S SIGNATURE <u>Ruth Seavers</u> <u>288</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Boadwin</u>		ADDRESS <u>Osceola Mo.</u>	

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

0930
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RECEIVED 9-30-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-30-50

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 *J. B. Goodrich*

Licensed Embalmer No. 3038

P. O. Address *Piscataway, N.J.*

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.