

No. 300
LD. 48

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32786

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4061 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Braymer		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Braymer 0130	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) R.	c. (Last) Snider	4. DATE OF DEATH (Month) (Day) (Year) 10-10-50
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Mar. 31, 1866	9. AGE (In years last birthday) 84yrs	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Hours	12. CITIZEN OF WHAT COUNTRY U.S.
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10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Ohio	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME James Snodgrass	13b. MOTHER'S MAIDEN NAME Mianda E. Ford	14. NAME OF HUSBAND OR WIFE Geo. Snider
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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)	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Pearl Coyle	ADDRESS Braymer, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		many years
	ANTECEDENT CAUSES *Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Bronchial Arteriosclerosis		many years many years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		marked contusions of both arms, shoulder & chest 2 weeks	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Braymer Caldwell Mo
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21d. TIME OF INJURY Sept. 24, 1950 9A	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Stumbled over pocket of clothes
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22. I hereby certify that I attended the deceased from Nov 9a.m. 1947 to 10-10-50, 1950, that I last saw the deceased alive on Oct 10, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

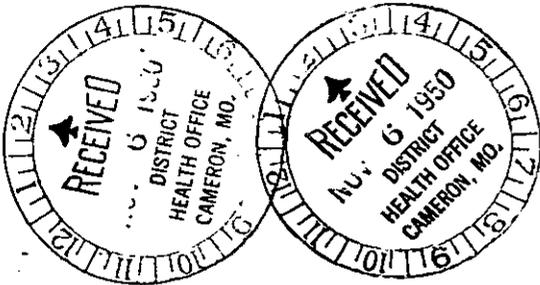
23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS Braymer, Mo	23c. DATE SIGNED 10-11-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-12-50	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cem	24d. LOCATION (City, town, or county) (State) Braymer, Mo
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DATE REC'D BY LOCAL REG. 10-28-50	REGISTRAR'S SIGNATURE Mrs. Nell B. Jones	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Braymer, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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



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 Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.