

FILED NOV 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35926**
Registrar's No. **86**

| | | | | | | | |
|---|---|---|---|--|---|--|----------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 340 | | PRIMARY REG. DIST. NO. 6151 | | Registrar's No. 86 | |
| 1. PLACE OF DEATH a. COUNTY Stoddard | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Elk) | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Elk) | | 1030 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) Lavalle, Mo. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Linda b. (Middle) Kay c. (Last) Snider | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 28, 1950 | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | | 8. DATE OF BIRTH May 28, 1949 | 9. AGE (In years last birthday) 1 | IF UNDER 1 YEAR Days 5 | IF UNDER 2 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Lavalle, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U. S. | |
| 13a. FATHER'S NAME Carl Snider | | 13b. MOTHER'S MAIDEN NAME Lerlene Jackson | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Carl Snider, ADDRESS Lavelle, Mo. | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 minutes | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | 8-8124 | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | 25 | |
| 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) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) County road | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Elk Twp. Stoddard Missouri | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 28, 1950 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Run over by pick-up truck. | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 A.M. from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Ray W. Rainey (Degree or title) 3 Coroner | | | | 23b. ADDRESS Dexter, Missouri | | 23c. DATE SIGNED 10-28-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10-30-50 | 24c. NAME OF CEMETERY OR CREMATORY Dexter | | 24d. LOCATION (City, town, or county) (State) Dexter, Missouri | | |
| DATE REC'D BY LOCAL REG. 11-2-50 | | REGISTRAR'S SIGNATURE Velma V. Jenkins | | 25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey | | ADDRESS Dexter, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

030

RECEIVED

NOV 3 1950

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

~~Student Embalmer No.~~.....

Signed.....

Licensed Embalmer No. 3479

P. O. Address Dept. 1110

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.