

FILED JAN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43643

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY OR TOWN <u>Rural-Hudson</u>	c. LENGTH OF STAY (in this place) <u>3yr. 2mo. 4d.</u>	c. CITY OR TOWN <u>Campbell</u> <u>035 P.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth Osteopathic School</u>		d. STREET ADDRESS (If rural, give location) <u>None</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u> b. (Middle) <u>William</u> c. (Last) <u>Snider</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4 1950</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 28, 1882</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Administrator Public Schools</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Schools</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Francis Marion Snider</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Renick</u>		14. NAME OF HUSBAND OR WIFE <u>Dora W. Snider</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dora W. Snider Independence Mo.</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prolonged Recumbency necessitated by incoordination</u> DUE TO (c) <u>Arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4500</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 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 Oct. 30, 1948, to Dec. 4, 1950, that I last saw the deceased alive on Dec. 4, 1950, and that death occurred at 1:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Eldon A. Morgan, D.O.</u>		23b. ADDRESS <u>S.H.O.S. Macon, Mo.</u>		23c. DATE SIGNED <u>12-4-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12/5/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elder</u>	24d. LOCATION (City, town, or county) (State) <u>Dunklin Co., Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>1-20-51</u>	REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>	19 <u>50</u> 'S FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skurman</u>	ADDRESS <u>Macon Mo</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1. 27. 51
Macon County Health Department
County File No. 1. 51. 15
Date Filed 1. 29. 51

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Robert Skinner*

Licensed Embalmer No. *751*

P. O. Address *Macon, Ga*

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.