

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2093

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5928 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural (Wess Creek Twp)</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural (Wess Creek Twp)</i> 080	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>South of Nelson Mo</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <i>SEKENA</i> b. (Middle) <i>FRANSES</i> c. (Last) <i>SNAPP</i>		DATE OF DEATH <i>February 30 1951</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		8. DATE OF BIRTH <i>Nov. 9, 1867</i>	
9. AGE (In years last birthday) <i>83</i>		10. MONTHS <i>2</i> DAYS <i>21</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>	
11. BIRTHPLACE (State or foreign country) <i>Ohio</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>	
13a. FATHER'S NAME <i>William Horton</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Ellen DeLew</i>	
14. NAME OF HUSBAND OR WIFE <i>Lee Snapp Nelson Mo</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>1</i>	
17. INFORMANT'S SIGNATURE, OR NAME <i>Tom Snapp, Beamon, Mo</i>		ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronch pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility</i>			
DUE TO (c) <i>Pathol.</i>		<i>490 X</i>	
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"/>			
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)		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 <i>Jan 26, 1951</i> to <i>Jan 26, 1951</i> ; that I last saw the deceased alive on <i>Jan 26, 1951</i> , and that death occurred at <i>2 p.m.</i> from the causes and on the date stated above.			
23a. SIGNATURE <i>W. Lawrence M.D.</i>		23b. ADDRESS <i>Marshall Mo.</i>	
23c. DATE SIGNED <i>1-31-51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>Feb-4, 1951</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Mellers Chapel Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Nelson Mo</i>	
DATE REC'D BY LOCAL REG. <i>Feb 1, 1951</i>		REGISTRAR'S SIGNATURE <i>W. Campbell</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Campbell</i>		ADDRESS <i>Halls, Deputy, Hays-Cantner, Pilot Grove, Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

315 1951

RECEIVED 2-5-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 2-5-51

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 Robert L. Painter

Signed.....  
Student Embalmer

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, 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.