

FILED MAR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2272

1060

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6195 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Taney</u>	
b. CITY OR TOWN <u>Paint Lickout</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paint Lickout Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>MO 1060</u>	
3. NAME OF DECEASED a. (First) <u>Fannie Clayton</u> b. (Middle) _____ c. (Last) <u>SNOWDEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-51</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Oct 3, 1852</u>
9. AGE (In years last birthday) <u>88</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House keeper</u>	11. BIRTHPLACE (State or foreign country) <u>Mo Co D Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>	13a. FATHER'S NAME <u>William Chambers</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Chambers</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy Snowden Stanis MO.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Seriously</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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"/>			
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) m.	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 <u>at death</u> , to <u>HR</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12 P</u> , 19 <u>51</u> , and that death occurred at <u>12 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James E. Roberts</u>		23b. ADDRESS <u>Branson MO</u>	23c. DATE SIGNED <u>2/17/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-18-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Eye</u>	24d. LOCATION (City, town, or county) (State) <u>Blue Eye MO</u>
DATE REC'D BY LOCAL REG. <u>2-19-51</u>	REGISTRAR'S SIGNATURE <u>E. Cogswell</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Whitchel Funeral Home Branson MO</u>	

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

Blue Eye, Mo.

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 26 1957

Dist. File 251-428

Date Filed 2-27-57

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 Merris L. Welchel

Licensed Embalmer No. 2277

P. O. Address Bunson M

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.