

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. 50384-55 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Joplin Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Joplin Mo 11250</u>	
c. LENGTH OF STAY (In this place) <u>8mo</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 1 Webb City, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Rt 1 Webb City, Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LINDA</u>	b. (Middle) <u>LOUISE</u>	c. (Last) <u>SNYDER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 30, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH (last birthday) <u>August 19, 1950</u>	9. AGE (If under 1 year: Months Days; If under 11 mos. Hours Min.) <u>0 8 11</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Joplin, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert L. Snyder</u>	13b. MOTHER'S MAIDEN NAME <u>Bernice Bradford</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert L. Snyder</u>	ADDRESS <u>Rt 1, Webb City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation due to aspiration milk</u>		<u>30 Min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital malformation and prematurity.</u> DUE TO (c) _____		<u>8mo</u> <u>8mo</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 <u>7593</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 Aug 19, 1950, to April 30, 1951, that I last saw the deceased alive on 3-31, 1951, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Donald Cranson</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Webb City Mo</u>	23c. DATE SIGNED <u>5/2/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-3-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakley Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rogers Arkansas</u>
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DATE REC'D BY LOCAL REG. <u>May 3-51</u>	REGISTRAR'S SIGNATURE <u>L. E. Satchell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u>	ADDRESS <u>Webb City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

490

RECEIVED 5-10-51

Jasper County Health Office

County File Number 51/4/382-383

Date Filed 5-11-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City 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.