

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15446

BIRTH NO. _____		REG. DIST. NO. <u>376</u>		PRIMARY REG. DIST. NO. <u>6280</u>		Registrar's No. <u>3</u>			
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CLARK Twp</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CLARK Twp</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Woodward, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Woodward, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Woodward, Mo.</u>					
3. NAME OF DECEASED (Type or Print) <u>William L. Snavelly</u>			a. (First) <u>L.</u>			c. (Last) <u>Snavelly</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1957</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			
8. DATE OF BIRTH <u>Feb 10 - 1865</u>		9. AGE (In years last birthday) <u>8-6</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours   Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>			11. BIRTHPLACE (State or foreign country) <u>UNKNOWN</u>			
12. CITIZEN OF WHAT COUNTRY? <u>?</u>			13a. FATHER'S NAME <u>Adam Snavelly</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Yearly</u>		14. NAME OF HUSBAND OR WIFE <u>Edie B. Snavelly</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bryan Snavelly</u>				ADDRESS <u>Woodward, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>					
				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 <u>331X</u>						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) 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>9-22</u> , 19 <u>50</u> , to <u>4-2</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3-30</u> , 19 <u>57</u> , and that death occurred at <u>5 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Walter D. Mansfield D.D.</u>				23b. ADDRESS <u>Wright, Mo.</u>				23c. DATE SIGNED <u>4/16/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>April 4 - 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thomas</u>		24d. LOCATION (City, town, or county) (State) <u>Woodward, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-17-57</u>		REGISTRAR'S SIGNATURE <u>Miss A. P. Wischnewsky</u>		347		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber Funeral Home, W. Howard</u>			

WRIGHT CO. HEALTH DEPT.  
County File Number 551-55  
Date Filed 5-12-51

**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 Russell Barber  
.....

Licensed Embalmer No. 3848  
.....

P. O. Address Mtn. 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.