

FILED MAY 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19275

18

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6272 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Allen Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Allen Township</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Five mile East of Denver</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Five mile East of Denver</u>		d. STREET ADDRESS (If rural, give location) <u>Five mile East of Denver</u>	

3. NAME OF DECEASED (Type or Print) <u>Bird Harrison Hill SNEAD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug 20 1876</u>	9. AGE (In years last birthday) <u>74</u>	10. MONTHS <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Wentry County MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Benjamin Sneed</u>	13b. MOTHER'S MAIDEN NAME <u>Bethel Bowling</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Sneed</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>r</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Sneed</u> ADDRESS <u>Denver 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Osteoarthritis</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 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 June, 1949, to 5/3, 1951, that I last saw the deceased alive on 5/3, 1951, and that death occurred at 4:45 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank B Matheson MD</u>	23b. ADDRESS <u>Great City Mo</u>	23c. DATE SIGNED <u>5/6/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 6 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Loan Star cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Wentry County MO</u>		
DATE REC'D BY LOCAL REG. <u>May 11-1951</u>	REGISTRAR'S SIGNATURE <u>John E. Dawson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W H Noble</u> ADDRESS <u>New Hampton, MO</u>

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

1130
1



APR 18 1956

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. A. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.