

FILED JUL 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19387

070
1

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 0091 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rockville Mo.</u>	c. LENGTH OF STAY (In this place) <u>25 yrs</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rockville 0090</u>	d. STREET ADDRESS (If rural, give location) <u>3</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORA</u> b. (Middle) <u>SHIRLEY</u> c. (Last) <u>MEYER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 28 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 24 - 1885</u>
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u>	IF UNDER 2 WKS. Hours <u>4</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Reporter</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Taopi, Sid</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Robert B Snively</u>		13b. MOTHER'S MAIDEN NAME <u>NORA COLLINS</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>491-20-6851</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clyde W Thomas</u> ADDRESS <u>Appleton City, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rectum</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 <u>154X</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)	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>25 Aug 1950</u> to <u>28 June 1951</u> , that I last saw the deceased alive on <u>20 June 1951</u> , and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. E. Thomas</u> (Design or title)		23b. ADDRESS <u>Appleton City, Mo.</u>	23c. DATE SIGNED <u>29 June 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-30-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rockville</u>	24d. LOCATION (City, town, or county) (State) <u>Rockville, Mo.</u>
DATE REC'D BY LOCAL REG. <u>June 30 51</u>	REGISTRAR'S SIGNATURE <u>Randall Kirby</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar Eckhoff</u> ADDRESS <u>Appleton City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED: 7-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number.....

Date Filed..... 7-10-51

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.....
Student Embalmer

Signed

Oscar E. Ebboff

Licensed Embalmer No. 3942

P. O. Address *Capehite City, Ma.*

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.