No. 300
10.48

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26661

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 4201 Registrar's No. 125

1. PLACE OF DEATH
a. COUNTY Greene 0390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Republic
c. LENGTH OF STAY (in this place) 6 YR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Elm St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Republic 0390
d. STREET ADDRESS (If rural, give location) Rural 0

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Sherman c. (Last) Snodgrass

4. DATE OF DEATH (Month) Aug. (Day) 30 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 1885
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Labor
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Stone County O
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Snodgrass
13b. MOTHER'S MAIDEN NAME ——
14. NAME OF HUSBAND OR WIFE Etta Snodgrass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO. ——
17. INFORMANT'S SIGNATURE OR NAME Melvin Snodgrass **ADDRESS** Springfield

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes — INTERVAL BETWEEN ONSET AND DEATH

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 7955
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M. E. Albrecht Coroner
23b. ADDRESS
23c. DATE SIGNED 9-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/2/1951
24c. NAME OF CEMETERY OR CREMATORY Union Ridge
24d. LOCATION (City, town, or county) (State) Clever, Mo.

DATE REC'D BY LOCAL REG. 9-8-1951
REGISTRAR'S SIGNATURE Florence Britain 105
25. FUNERAL DIRECTOR'S SIGNATURE Max Fossett **ADDRESS** Fun'l Home Republic

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Greene County Health Office,
County File Number 51-9-58
Date Filed 9-12-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by .....
..... Student Embalmer No. .....
working under my personal supervision.

Student .....
Student Embalmer

Signed Lee Hunter
Licensed Embalmer No. 4739
P. O. Address Republic, 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.