

FILED SEP 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27662

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 209 | | PRIMARY REG. DIST. NO. 4320 | | Registrar's No. 42 | |
| 1. PLACE OF DEATH a. COUNTY Marion | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion | | | |
| b. CITY OR TOWN Palmyra | | c. LENGTH OF STAY (in this place) 20 years | | c. CITY OR TOWN Palmyra | | 0640 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 115 East Ross | | | | d. STREET ADDRESS (If rural, give location) 115 East Ross | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Laura | | b. (Middle) Weller | | c. (Last) Snider | |
| 4. DATE OF DEATH | | (Month) (Day) (Year) | | September 5 1951 | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Jan. 5, 1861 | |
| 9. AGE (In years last birthday) 90 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Marion County, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Jacob Pence | | 13b. MOTHER'S MAIDEN NAME Sinah King | | 14. NAME OF HUSBAND OR WIFE Charles A. Snider | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs E.K. Million Palmyra, Mo. | | | |
| 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) Coronary thrombosis 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. | | | | INTERVAL BETWEEN ONSET AND DEATH 2 hours | |
| 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 1946, to Sept 5, 1951, that I last saw the deceased alive on Sept 5, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE J. H. Miller (Degree or title) | | | | 23b. ADDRESS Palmyra, Mo. | | 23c. DATE SIGNED 9/7/51 | |
| 24a. BURIAL, CREMATION, REMOVAL Burial | | 24b. DATE 9/9/51 | | 24c. NAME OF CEMETERY OR CREMATORY Kendall Cemetery | | 24d. LOCATION (City, town, or county) (State) Shelby County, Mo. | |
| DATE REC'D BY LOCAL REG. 9/8/51 | | REGISTRAR'S SIGNATURE M. Lucke | | 25. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS Lewis Brown Palmyra, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 10 1951
MARION CO. HEALTH DEPT.
DATE FILED SEP 10 1951

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

Robt. Lewis

Licensed Embalmer No. 2382

P. O. Address Polungra - 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.