

FILED SEP 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27914

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

BIRTH NO.		REG. DIST. NO. 291	PRIMARY REG. DIST. NO. 4433	Registrar's No. 44
1. PLACE OF DEATH a. COUNTY Putnam 0860		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural York 0660		
d. FULL NAME OF HOSPITAL OR INSTITUTION Monroe Hospital & Clinic		d. STREET ADDRESS (If rural, give location) Lucerne, Mo 0		
3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Wilber c. (Last) Snyder		4. DATE OF DEATH (Month) (Day) (Year) August 19 1951		
5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 2 1881	9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? U S
13a. FATHER'S NAME Daniel W. Snyder		13b. MOTHER'S MAIDEN NAME Sarah J. VanBuekirk	14. NAME OF HUSBAND OR WIFE Dora Snyder Lucerne, Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Murl Snyder Lucerne, Mo. ADDRESS	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericardial perforation by rif ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Fall from Hay stack		INTERVAL BETWEEN ONSET AND DEATH 8-11-51 8-19-51
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT OR HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lucerne Putnam, Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-11-51 3P	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall from Hay stack		
22. I hereby certify that I attended the deceased from 8-11-1951, to 8-19-1951, that I last saw the deceased alive on 8-19-1951, and that death occurred at 7:30A m., from the causes and on the date stated above.				
23a. SIGNATURE L.W. McDonald (Degree or title) DO		23b. ADDRESS Unionville Mo.		23c. DATE SIGNED 8-27-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 21 1951	24c. NAME OF CEMETERY OR CREMATORY Lucerne Cem.	24d. LOCATION (City, town, or county) (State) Lucerne, Mo.	
DATE REC'D BY LOCAL REG. 9-7-51	REGISTRAR'S SIGNATURE Marvell Durbin 266	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Husted & Son Unionville Mo		

(Licensed Embalmer's Statement on Reverse Side)

AUG 3 1955

Date Received: SEP 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1589
Date Filed: SEP 8 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed F. O. Husted

Signed.....
Student Embalmer

Licensed Embalmer No. 2975

P. O. Address Unionville N.C.

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.