

FILED SEP 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29410**

BIRTH NO. _____ REG. DIST. NO. **14** PRIMARY REG. DIST. NO. **5065** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BARTON	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL- OZARK		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION PRAIRIE CENTER STA. ON 160		c. CITY (If outside corporate limits, write RURAL and give township) LAMAR 0061	
		d. STREET ADDRESS (If rural, give location) 507 BROADWAY	

3. NAME OF DECEASED (Type or Print) a. (First) CORNELIUS b. (Middle) SNIP c. (Last) SNIP			4. DATE OF DEATH (Month) (Day) (Year) SEPT 2 1951		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR 17 1880	9. AGE (In years last birthday) 71	10. UNDER 1 YEAR Months 5 Days 15 Hours 15 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BANKER- PRESIDENT LAMAR TRUST CO.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) CHICAGO, ILLINOIS	
13a. FATHER'S NAME GERRIT SNIP			13b. MOTHER'S MAIDEN NAME KATHERINE MUELLER		14. NAME OF HUSBAND OR WIFE ELIZABETH BOX SNIP
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) XX		16. SOCIAL SECURITY NO. 496-01-6716		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ELIZABETH SNIP, LAMAR, MISSOURI	

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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull and internal hemorrhage		INTERVAL BETWEEN ONSET AND DEATH sudden	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Car wreck.		8166	
		DUE TO (c)		16	
		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 106		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 13 mi W-Lamar on 160	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Highway, Ozark Twp., Barton County, Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 2 1951	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Transport truck struck car	

22. I hereby certify that I attended the deceased from **xxx**, 19___, to **xxxx**, 19___, that I last saw the deceased alive on **xxxx**, 19___, and that death occurred at **4:00p m.**, from the causes and on the date stated above.

23a. SIGNATURE W.D. Harmon (Degree or title) 2		23b. ADDRESS CORONER- BARTON COUNTY, Lamar, Missouri		23c. DATE SIGNED Sept 3 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE SEP 5 1951	24c. NAME OF CEMETERY OR CREMATORY LAKE CEMETERY	24d. LOCATION (City, town, or county) (State) LAMAR, MISSOURI		

DATE REC'D BY LOCAL REG. Sept 3rd 5	REGISTRAR'S SIGNATURE Charlotte McDowell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KONANTZ FUNERAL HOME, LAMAR, MISSOURI <i>Barb D. Konantz</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

060
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED **SEP 13 1951**

Dist. File _____

Date Filed _____

MAR 28 1952

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED **SEP 13 1951**

Dist. File 957-1663

Date Filed 9-13-51

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

Frank W Denton

Signed

Student Embalmer

Licensed Embalmer No.

4581

P. O. Address

Lamar, 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.