

FILED OCT 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30613

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 5577 Registrar's No. 149

490  
WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Jasper Twp.</u>		c. LENGTH OF STAY (In this place) <u>71 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>15 Mi. North of Jonlin</u>		d. STREET ADDRESS (If rural, give location) <u>15 Mi. North of Jonlin</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANKS</u> b. (Middle) _____ c. (Last) <u>SNYDER, SR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-26-1951</u>		
5. SEX <u>♂</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>1-16-1876</u>		9. AGE (In years last birthday) <u>75</u>		10. UNDER 1 YEAR Days <u>5</u> UNDER 1 HRS. Min. <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Lancaster Co., Penn. /</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>C. V. Snyder</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Illvus</u>	
14. NAME OF HUSBAND OR WIFE <u>Pocohantas (Roberts) Snyder</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-20-2113</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Merle Snyder (Son) Asbury, 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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocardial degeneration</u> ANTECEDENT CAUSES <u>Essential Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>443X</u> II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Prostatitis</u> Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH		19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs.</u> <u>5 yrs.</u>	

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 April 1951, to Sept 26, 1951, that I last saw the deceased alive on Sept 24, 1951, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. Stiles</u> (Degree or title)		23b. ADDRESS <u>D. O. Asbury, Mo.</u>		23c. DATE SIGNED <u>9/27/51</u>	
---	--	---------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>5 Mi. N.W. Asbury Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Don Poney</u>		ADDRESS <u>Carl Junction, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Sept 27-51</u>		REGISTRAR'S SIGNATURE <u>L. Stiles</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Don Poney</u>	
ADDRESS _____		ADDRESS _____		ADDRESS <u>Carl Junction, Mo.</u>	

RECEIVED 10-2-51  
Jasper County Health Office

County File Number 51/10-761  
Date Filed 10-2-51

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 *Jack C. Simpson*  
Licensed Embalmer No. *4647*

P. O. Address *Webb City, 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.