

FILED NOV 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 33400

BIRTH NO. _____ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 3357 Registrar's No. 38

0460
4

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

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "R" Sisson Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Dry Creek Twp.,	
c. LENGTH OF STAY (in this place) 2 yrs		d. STREET ADDRESS (If rural, give location) Pomona, Mo., Rt. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cross Rest Home			

3. NAME OF DECEASED (Type or Print)	a. (First) HARLAN	b. (Middle) THOMAS	c. (Last) SNYDER	4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 1951
-------------------------------------	--------------------------	---------------------------	-------------------------	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Sep. 8, 1861	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
--------------------	-------------------------------	---	--------------------------------------	---	------------------------	----------------------	----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (State or foreign country) Lee County, Iowa. /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	--

13a. FATHER'S NAME C. A. Snyder	13b. MOTHER'S MAIDEN NAME Lorinda Wildman	14. NAME OF HUSBAND OR WIFE Sarah Cummings Snyder
--	--	--

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 Ivan C. Snyder, Pomona, Mo., Rt. 1.
--	-------------------------------------	--

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion		5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dry Gangrene of leg DUE TO (c) arteriosclerosis obliterans		8 months 12 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis with hypertension		15 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4501	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) (Min.)	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 **Feb. 22, 1951, to Oct 23, 1951**, that I last saw the deceased alive on **Oct 23, 1951**, and that death occurred at **5: p. m.**, from the causes and on the date stated above.

23a. SIGNATURE O. S. Cottrell (Degree or title) DO 2	23b. ADDRESS Willow Springs	23c. DATE SIGNED 10/25/51
--	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Oct. 26, 1951	24c. NAME OF CEMETERY OR CREMATORY Mackey Cem.	24d. LOCATION (City, town, or county) (State) Dry Crk. Twp., Howell Co., Mo.
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. 10-30-51	REGISTRAR'S SIGNATURE Laura Mitchell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hal Shoumbugh # Plains, Mo.
--	---	---

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

RECEIVED NOV 1 1951

Dist. File 11-5-1938

Date Filed 11-5-51

10364 5 1000

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 Hal Thourgent

Licensed Embalmer No. 3408

P. O. Address W. Plains, Md

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.