

STANDARD CERTIFICATE OF DEATH

41416

State File No. ....

FILED DEC 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 78

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1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Armstrong</u>	
c. LENGTH OF STAY (In this place) <u>2 da.</u>		d. STREET ADDRESS (If rural, give location) <u></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jefferson</u> b. (Middle) <u>Davis</u> c. (Last) <u>Snoddy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 9, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widowed</u> (Specify)	8. DATE OF BIRTH <u>6/8/1863</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR <u>6</u> Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber yard</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Owner</u>	11. BIRTHPLACE (State or foreign country) <u>Howard Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Samuel Snoddy</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Harvey</u>		14. NAME OF HUSBAND OR WIFE <u>Lelia Walkup</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sam Snoddy-701 Maple-Independence</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac decompensation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral thrombosis</u> DUE TO (c) _____		
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	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) (Minute)	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 Dec 7, 1951, to Dec 9, 1951, that I last saw the deceased alive on Dec 9, 1951, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>Fayette, Mo</u>	23c. DATE SIGNED <u>12/12/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/12/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Armstrong, Mo</u>

DATE REC'D BY LOCAL REG. <u>12-12-51</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell 436</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u>	ADDRESS <u>Fayette, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 12-19-51 \_\_\_\_\_

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 Ralph A. Carr

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.