

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6128 State File No. 44273

FILED JAN 8 1952

BIRTH NO. _____ REG. DIST. NO. ³³⁶ ~~332~~ PRIMARY REG. DIST. NO. ~~4094~~ Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Eminence</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fremont</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>her daughters home</u>			

3. NAME OF DECEASED a. (First) <u>Clarca</u> b. (Middle) <u>Emeline</u> c. (Last) <u>Snider</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-26-51</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-1-75</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Decatur Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Gale Huddleston</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Head</u>	14. NAME OF HUSBAND, OR WIFE <u>Wilson Snider</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dan Ausborn Fremont 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Embolism of Liver</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 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 Dec 24, 1951, to Dec 26, 1951, that I last saw the deceased alive on Dec 26, 1951, and that death occurred at 1:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank E. Duell M.D.</u>	23b. ADDRESS <u>Toplex Bluff, Mo</u>	23c. DATE SIGNED <u>12-31-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Winonia</u>
		24d. LOCATION (City, town, or county) (State) <u>Winonia Mo.</u>

DATE REC'D BY LOCAL REG. <u>Jan 5-1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. Oeta Neason</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Seaton Pewitt Van Buren Mo.</u>
--	---	---

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

1010

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 Seaton Perwith

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.