

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **2 A** PRIMARY REG. DIST. NO. **5078** Registrar's No. **8**

0070  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural Deepwater</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Deepwater</b>	
c. LENGTH OF STAY (in this place) <b>66 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Butler R.F.D.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.F.D. Butler</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b>	b. (Middle) <b>Omer</b>	c. (Last) <b>Snodgrass</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1 - 25 - 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1-14-1882</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>13</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer-Carpenter</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Joseph Snodgrass</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Radford</b>	14. NAME OF HUSBAND OR WIFE <b>Stella Snodgrass</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Stella Radford</b> ADDRESS <b>R.F.D. Butler, Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>inst</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>no medical doctor in attendance</b>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>Dead on arrival -</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4201</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John G. Underwood</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Butler Mo -</b>	23c. DATE SIGNED <b>1-25-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-27-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Radford Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bates Co., Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Jan 26-52</b>	REGISTRAR'S SIGNATURE <b>Randall Kerney</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John G. Underwood</b> ADDRESS <b>Butler Mo</b>
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RECEIVED

DISTRICT HEALTH OFFICE No. 32  
JAN 29 1952

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

Date Filed JAN 29 1952 \_\_\_\_\_

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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 Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, Ohio

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.