

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3671

State File No.

FILED FEB 4 1952

BIRTH NO.		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>6141</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Shelby</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lakenan Jackson</u>		c. LENGTH OF STAY (in this place) <u>24Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lakenan Jackson twp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>Jacob</u>		c. (Last) <u>Snider</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 31st 52</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 6th 1880</u>	
9. AGE (in years last birthday) <u>71</u>		10. MONTHS <u>2</u>		11. DAYS <u>15</u>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>II II II</u>		11. BIRTHPLACE (State or foreign country) <u>Shelby County Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Charles Snider</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Pence</u>		14. NAME OF HUSBAND OR WIFE <u>Rachel 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>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Rachel Snider Lakenan 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>Myocardial failure</u> 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 <u>443X</u>			
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 3, 1951</u> , to <u>Jan 21, 1952</u> , that I last saw the deceased alive on <u>1-21-</u> , 1952, and that death occurred at <u>m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph H. Tomei D.O.</u>				23b. ADDRESS <u>Shelbina Mo</u>		23c. DATE SIGNED <u>1/29/52</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/24/52.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kendall Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Shelby Co Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-29-52</u>		REGISTRAR'S SIGNATURE <u>Ada Harrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barkelew & Hawkins Shelbina Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3835

P. O. Address Sheehana, 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.