

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8820

State File No.

FILED MAR 24 1952

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5582 Registrar's No. 45

490
3

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Carthage - Jackson</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Republic</u> <u>0390</u>	
c. LENGTH OF STAY (in this place) <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>Elm St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>4 1/2 miles south on Hwy 71 of Carthage Hwy</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PHILLIP</u> b. (Middle) <u>MARVIN</u> c. (Last) <u>SNEED</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 9, 1952</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>May 8, 1920</u>			9. AGE (In years last birthday) <u>31</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>electronic technician</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Boeing Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Louisburg, Kansas.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Carl Sneed</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie May Wheatley</u>		14. NAME OF HUSBAND OR WIFE <u>Erlene Alms Sneed</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War II</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl Sneed, Republic, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatic--due to automobile collision. basal skull fracture</u> ANTECEDENT CAUSES <u>crushed chest, fractured nose, fractured right femur, fractured left upperarm, right wrist</u> DUE TO (b) <u>multiple cuts and abrasions</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>hour</u>
--	--	---	--	--	--

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>E 8161 - 219-26</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on Hwy 71</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson twnshp Jasper Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Mar 9, 1952 2:58 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>head-on collision of Car and truck</u>	

22. I hereby certify that I attended the deceased from approx 39 1952, to 3/9/52, 1952, that I last saw the deceased alive on before, and that death occurred at 2:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Carthage Mo</u>		23c. DATE SIGNED <u>3/10/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Mar 13, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Republic, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Knell Mortuary Carthage, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-12-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			

RECEIVED 3-21-52
Jasper County Health Office

County File Number 52/3/225

Date Filed 3-21-52

JUN 13 1952

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 H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.