

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15313

State File No. _____

FILED APR 24 1952

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>6116</u>		Registrar's No. <u>79</u>		
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R# 2 Charleston</u>		c. LENGTH OF STAY (In this place) <u>25 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R# 2 Charleston, Mo.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. R# 2 Charleston</u>				d. STREET ADDRESS (If rural, give location) <u>R# 2 Charleston, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u>			b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Sneed</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March, 2, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March, 17, 1880</u>	9. AGE (In years last birthday) <u>71</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Tolu, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Rodgers</u>			13b. MOTHER'S MAIDEN NAME <u>Addie Peck</u>		14. NAME OF HUSBAND OR WIFE <u>T. J. Sneed</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 ADDRESS <u>Buelah Norman, Diehlstadt, 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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic hypertension</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>2 days</u> <u>4 years</u>	
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) (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 <u>Feb</u> , 19 <u>48</u> , to <u>Mar 2</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Mar 2</u> , 19 <u>52</u> , and that death occurred at <u>5:18P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>William Davis M.D.</u>				23b. ADDRESS <u>Charleston, Mo</u>		23c. DATE SIGNED <u>3-4-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/4/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-17-52</u>		REGISTRAR'S SIGNATURE <u>Mrs Olla Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>The Nunnelee Funeral Chapel, Charleston, Mo.</u>				

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

RECEIVED APR 21 1953

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 452-1

JUL 1 1953

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.....
Student Embalmer

Signed *Edward E. Pinner*

Licensed Embalmer No. 4164

P. O. Address *Charleston, W. Va.*

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.