

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15818

State File No.

FILED JUN 7 1952

BIRTH NO. <u>34676</u>		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <u>CARROLL</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARROLLTON</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>SOUTH SIDE HOSPITAL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CHARITON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Triphett</u> <u>1210</u> d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALLESSA</u> b. (Middle) <u>SUE</u> c. (Last) <u>SNIDER</u>		4. DATE OF DEATH (Month) <u>JUNE</u> (Day) <u>4</u> (Year) <u>1952</u>		5. SEX <u>1</u> <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. <u>MARRIED NEVER MARRIED</u> <u>WIDOWED DIVORCED (Specify)</u> <u>1</u>		8. DATE OF BIRTH <u>JUNE 3 1952</u>		9. AGE (In years last birthday) <u>11</u> If UNDER 1 YEAR: Months <u>11</u> Days <u>11</u> Hours <u>11</u> Min. <u>11</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10a. <u>10b. KIND OF BUSINESS OR INDUSTRY</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>CHARLES SNIDER</u>	
13b. MOTHER'S MAIDEN NAME <u>VICTOR MARINE CRANDALL</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs CHAS CRANDALL Triphett 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RESPIRATORY PARALYSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PREMATURE INFANT</u> DUE TO (c) <u>INTRAUTERINE ASPHYXIA DUE TO MALFORMATION OF UMBILICAL CORD</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 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) 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>JUNE 3</u> , 19 <u>52</u> , to <u>JUNE 4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>JUNE 3</u> , 19 <u>52</u> , and that death occurred at <u>3:00 A.M.</u> , from the causes and on the date stated above. 23a. SIGNATURE <u>Kenneth L. Rosencrance DO</u> (Degree or title) 23b. ADDRESS <u>TRIPLETT MO</u> 23c. DATE SIGNED <u>6-4-52</u> 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 24b. DATE <u>6/4/52</u> 24c. NAME OF CEMETERY OR CREMATORY <u>McCullough</u> 24d. LOCATION (City, town, or county) (State) <u>Triphett MO</u> 25. FUNERAL DIRECTOR'S SIGNATURE <u>S.L. Heipold</u> ADDRESS <u>Mendon 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 _____

This Body Was Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *L. L. Lipard*

Licensed Embalmer No. *3970*

P. O. Address *Mendon Me*

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.