

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 17679

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6075		Registrar's No. 152	
1. PLACE OF DEATH a. COUNTY ST. FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN RURAL St. Francois		c. LENGTH OF STAY (in this place) 27 days		c. CITY (If outside corporate limits, write RURAL and give township) TOWN RURAL Route 1, Whitewater			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri State Hospital No. 4				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) BERTHA		b. (Middle) ETHEL		c. (Last) SNIDER		4. DATE OF DEATH (Month) (Day) (Year) May 5, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 26, 1899	
9. AGE (In years last birthday) 52		10. UNDER 1 YEAR Months 4 Days 9		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME James B. Lisle		13b. MOTHER'S MAIDEN NAME Corrie Daniels	
13c. NAME OF HUSBAND OR WIFE Charles R. Snider		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		15. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Records, State Hospital No. 4, Farmington, Mo.	
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) Acute coronary occlusion - - - - - INTERVAL BETWEEN ONSET AND DEATH Instant. ANTECEDENT CAUSES DUE TO (b) Coronary sclerosis - - - - - Unk. DUE TO (c) Cerebral thrombosis - - - - - 27 days II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis			
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)		21f. HOW DID INJURY OCCUR?	
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"/>		22. I hereby certify that I attended the deceased from April 8, 1952, to May 5, 1952, that I last saw the deceased alive on May 5, 1952, and that death occurred at 7:00 P.m., from the causes and on the date stated above.			
23a. SIGNATURE J. A. Brennan M.D.		(Degree or Title)		23b. ADDRESS State Hospital No. 4 Farmington, Missouri		23c. DATE SIGNED 5-5-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 8, 1952		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri	
DATE REC'D BY LOCAL REG. May 8, 1952		REGISTRAR'S SIGNATURE Esther R. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Brinkopf-Howell, Cape Girardeau, Missouri			

(Licensed Embalmers' Statement on Reverse Side)

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

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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

W. H. Ester

Licensed Embalmer No. 3568

P. O. Address Cape Air 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.