

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**21114**

State File No. \_\_\_\_\_

S. No. 300  
v. 10.48

**FILED JUL 9 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **488**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Linn</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marceline</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marceline</b>	
c. LENGTH OF STAY (in this place) <b>12 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>227 E. California</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Frank</b> c. (Last) <b>Snodgrass</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 13, 1952</b>
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Dec 9, 1901</b>
<b>9. AGE</b> (In years last birthday) <b>50</b>		<b>10. UNDER 1 YEAR</b> (Months) (Days) <b>6 4</b>	<b>11. UNDER 12 HRS.</b> (Hours) (Min.)
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Conductor</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Railroad</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Brookfield, Missouri</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A</b>			
<b>13a. FATHER'S NAME</b> <b>William R. Snodgrass</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Margaret Shropshire</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Ruth Snodgrass</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>709-18-4149</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Ruth Snodgrass, Brookfield, Mo.</b>		<b>ADDRESS</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>CORONARY THROMBOSIS</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CORONARY ATHEROSCLEROSIS</b> DUE TO (c)  <b>II. OTHER SIGNIFICANT CONDITIONS</b> <b>CHRONIC FIBROID TUBERCULOSIS</b> <b>SEVERE EMPHYSEMA</b>	
<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>10 MIN.</b>		<b>UNKNOWN</b>	
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4201A</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>JUNE 4, 1952</u>, to <u>JUNE 11, 1952</u>, that I last saw the deceased alive on <u>JUNE 11, 1952</u>, and that death occurred at <u>6:45 P. m.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>Paul T. Berry</b> (Degree or title) <b>M.D.</b>		<b>23b. ADDRESS</b> <b>Marceline Mo</b>	<b>23c. DATE SIGNED</b> <b>6-15-52</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>6/15/52</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Rosehill</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Brookfield, Mo.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>6-14-52</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Mary Jane Owens</b> <b>401</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>James McLaughlin</b> <b>Marceline Mo</b>
<b>ADDRESS</b> <b>Marceline Mo</b>			

(Licensed Embellisher's Statement on Reverse Side)

JUL 19 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 George W. Davolt

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.