

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24586
Registrar's No. 27

FILED AUG 11 1952

BIRTH NO. REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5652

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

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Ozark		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Ozark	
d. FULL NAME OF HOSPITAL OR INSTITUTION Everton RFD 2		d. STREET ADDRESS (If rural, give location) Everton RFD 2	
3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Ann c. (Last) Snyder		4. DATE OF DEATH (Month) (Day) (Year) July 22 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 14 - 1872
9. AGE (In years last birthday) 80	10. MONTHS 5	11. DAYS 8	12. HOURS 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (City and State or Foreign Country) Ash Grove Mo RFD	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Albert Fuller	13b. MOTHER'S MAIDEN NAME Louisa Culbertson	14. NAME OF HUSBAND OR WIFE Reuben Snyder	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Reuben Snyder ADDRESS Everton RFD, 2	
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) Aneurysmal Ulcer Causing Hemorrhage	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 2 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			
19a. DATE OF OPERATION none	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 July 20, 1952 , to July 22, 1952 , that I last saw the deceased alive on July 21, 1952 , and that death occurred at 5:25 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE S. M. Clark, M.D. (Degree or title)	23b. ADDRESS 1175 S. National Springfield, Mo	23c. DATE SIGNED 7/23/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 24 - 1952	24c. NAME OF CEMETERY OR CREMATORY Johns Chapel	24d. LOCATION (City, town, or county) (State) 5 Miles South Ash Grove Mo.
DATE REC'D BY LOCAL REG. 7-24-52	REGISTRAR'S SIGNATURE W.S. Berry	25. FUNERAL DIRECTOR'S SIGNATURE W. Birch	ADDRESS Ash Grove, Mo

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

J. W. Birch

Licensed Embalmer No. 3856

P. O. Address Ash Grove 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.