

V.S. No. 300  
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32040

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

0495  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>418</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>OKla</u> b. COUNTY <u>Ottawa</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Miami</u>		8350			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Joplin, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Miami, OKla Rt 1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>			b. (Middle) <u>LYMAN</u>		c. (Last) <u>SNYDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-21-1952</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 8, 1913</u>		9. AGE (In years last birthday) <u>39</u> If under 1 year: Months <u>5</u> Days <u>13</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHEMIST</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>CHEMIST LEAD-ZINC</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Joplin, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Joseph SNYDER</u>			13b. MOTHER'S MAIDEN NAME <u>MARY CHURCH</u>			14. NAME OF HUSBAND OR WIFE <u>Vivian SNYDER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If you, give war or dates of service) <u>44-01-2019</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vivian Snyder</u>				ADDRESS <u>Miami, Okla Rt 1</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-motor collapse - shock</u>						INTERVAL BETWEEN ONSET AND DEATH <u>40 hrs.</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>rupture ascending - urinary bladder fractures of pelvis.</u>						40 hrs.	
		DUE TO (c)							
		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 <u>autopsy - Rupture ascending - urinary bladder</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		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) <u>Sept 19 02 7:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>on way to work - wind off road - kept doors hitting car</u>					
22. I hereby certify that I attended the deceased from <u>9-19</u> , 19 <u>52</u> , to <u>9-21</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-20</u> , 19 <u>52</u> , and that death occurred at <u>3 a.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Joplin Mo</u>				23c. DATE SIGNED <u>9-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>9-22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GAR Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Miami, Okla.</u>			
DATE REC'D BY LOCAL REG. <u>9-22-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>THOMAS FUNERAL HOME, MIAMI, OKLA</u> ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-29-52  
Jasper County Health Office

County File Number 52/9/753

Date Filed 9-29-52

FEB 3

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Paul Thomas

Licensed Embalmer No. 1244

P. O. Address Broken Okla

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.