

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 28 1952

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 84

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

1. PLACE OF DEATH a. COUNTY <u>BARRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Monett mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Vineyard Twp</u>	
c. LENGTH OF STAY (In this place) <u>5 da</u>		d. STREET ADDRESS (If rural, give location) <u>R 7 D 0554</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Vincent Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Maud</u> b. (Middle) <u>Estella</u> c. (Last) <u>Snow</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-13-52</u>
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5. SEX <u>fe</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>7-17-1880</u>	9. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR Months Days IF UNDER 18 HRS. Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Andrew Seneker</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Henry</u>	14. NAME OF HUSBAND OR WIFE <u>Geo Snow</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Snow Sarscape mo</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia</u> DUE TO (c) <u>Bronchitis</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 <u>526X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10/11, 1952, to 10/13, 1952, that I last saw the deceased alive on 10/12, 1952 and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>W G Troner MD</u>	(Degree of title)	23b. ADDRESS <u>MT Vernon</u>	23c. DATE SIGNED <u>10/13/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Caul Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Sarscape mo</u>
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DATE REC'D BY LOCAL REG. <u>10-18-52</u>	REGISTRAR'S SIGNATURE <u>Oliver A. Wornick</u>	25. FORMAL DIRECTOR'S SIGNATURE <u>James Sarscape mo</u>	ADDRESS
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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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Wm H Jackson

Licensed Embalmer No. 3954

P. O. Address Sarcopie 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.