

FILED OCT 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34570**

BIRTH NO. _____ **REG. DIST. NO.** 88 **PRIMARY REG. DIST. NO.** 4151 **Registrar's No.** 31

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY OR TOWN <u>Steelville</u>		c. CITY OR TOWN <u>Steelville</u> <u>02800</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Georgia J. Sneeringer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 6 1952</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 27, 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kirksville, Mo.</u>
13a. FATHER'S NAME <u>Thomas C. George</u>		13b. MOTHER'S MAIDEN NAME <u>Don't know</u>	14. NAME OF HUSBAND OR WIFE <u>James D. Sneeringer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James D. Sneeringer</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis-generalized</u> DUE TO (c) _____	
		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes estimated. 10 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>42 Q1</u>	
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)	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 <u>Oct. 6, 1950</u>, to <u>Sept. 3, 1952</u>, that I last saw the deceased alive on <u>Sept. 3, 1952</u>, and that death occurred at <u>6:00 p.m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. Robery</u>		23b. ADDRESS <u>DO Steelville, Mo.</u>	23c. DATE SIGNED <u>9/11/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 11 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Steelville MO</u>
DATE RECD BY LOCAL REG. <u>10/15/52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>76-1</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Funeral Home Steelville Mo</u>	

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

02800
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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 _____

Harry Jones

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Harry Jones*

Licensed Embalmer No. *7638*

P. O. Address *Steubenville, 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.