

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35743

State File No.

NOV 10 1952

BIRTH NO.		REG. DIST. NO. 227	PRIMARY REG. DIST. NO. 4337	Registrar's No. 53
1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE		
b. CITY (If outside corporate limits, write RURAL and give township) PARIS		c. LENGTH OF STAY (In this place) 11 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) SANTA FE	
d. FULL NAME OF HOSPITAL OR INSTITUTION M. HICKORY ST.		d. STREET ADDRESS (If rural, give location) ✓		
3. NAME OF DECEASED (Type or Print) A. NEXTON		a. (First)	b. (Middle)	c. (Last) SNYDER
4. DATE OF DEATH NOV. 2, 1952		5. SEX MALE		6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN. 24, 1871		9. AGE (In years last birthday) Months Days Hours Min. 81 9 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING		11. BIRTHPLACE (City and State or Foreign Country) MONROE Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN SNYDER		13b. MOTHER'S MAIDEN NAME ELIZA HALPMAN
14. NAME OF HUSBAND OR WIFE LYDIA P. SNYDER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year and date of service) NO		16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME MRS. JOE VAN HUSS, PARIS, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Chronic Myocarditis		19. INTERVAL BETWEEN ONSET AND DEATH 1 1/2
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 422.2		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 Oct 25, 1952 , to Nov. 2, 1952 , that I last saw the deceased alive on Nov. 2, 1952 , and that death occurred at 4:15 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE Wm. M. Speed		(Degree or title) M. D.		23b. ADDRESS PARIS, Mo.
23c. DATE SIGNED 11-3-52		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-3-52
24c. NAME OF CEMETERY OR CREMATORY SANTA FE CEM.		24d. LOCATION (City, town, or county) (State) SANTA FE, MONROE CO., Mo.		
DATE REC'D BY LOCAL REG. 11-3-52		REGISTRAR'S SIGNATURE J. A. Barnetm. D.		25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blakey, ADDRESS PARIS, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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

0690

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.