

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41616**
Registrar's No. **1318**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		REGISTRAR'S NO. <u>1318</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksdale.</u> <u>0320</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>				d. STREET ADDRESS (If rural, give location) ***** <u>1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Hannah</u>		b. (Middle) <u>Celia</u>		c. (Last) <u>Snuffer</u>	
4. DATE OF DEATH		(Month) <u>Dec</u>		(Day) <u>15</u>		(Year) <u>1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 18, 1875</u>	
9. AGE (In years last birthday) <u>77</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 YEAR Hours _____ Mins. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Samuel B. Swartz</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Knight</u>		14. NAME OF HUSBAND OR WIFE <u>George W. Snuffer.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bernice Calvin</u>		ADDRESS <u>Georgia, Ill.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Anoxemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adynamic Ileus</u>				12 days			
DUE TO (c) <u>Cerebral Hemorrhage</u>				17 days			
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		331X		20. AUTOPSY? YES ☒ NO ☐	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-8</u> , 19 <u>52</u> , to <u>12-15</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-15</u> , 19 <u>52</u> , and that death occurred at <u>11:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>823 Pearson</u>		23c. DATE SIGNED <u>12-16-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 18, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Amity Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Amity, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 18, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoffer & Haman</u>		ADDRESS <u>Funeral Home, Inc. St. Joseph, Mo.</u>	

(Licensed Embellisher's Statement on Reverse Side)

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

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 _____ ****

working under my personal supervision.

Student Embalmer No. **** **

Signed

Albert C. Harrington

Signed
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, 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.