

No. 300  
19-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2549**

FILED JAN 15 1953  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **4410** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St James, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St James 18711</b>	
c. LENGTH OF STAY (in this place) <b>7 mo.</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Soldiers Home Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Florence</b> b. (Middle) <b>Snow</b> c. (Last) <b>Snow</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 6, 1953</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>June 24, 1874</b>	9. AGE (in years last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days <b>78</b>	IF UNDER 1 MIN. Hours Mins. <b>78</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Macon, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Wm D. Dever</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Markland</b>		14. NAME OF HUSBAND OR WIFE <b>Theodore Snow</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Wm H. Snow - St. James, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral pneumonia</b>		DUPLICATE			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>495X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		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 <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 **Aug 7, 1951**, to **Jan 6, 1953**, that I last saw the deceased alive on **Jan 6, 1953**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James H. Pettit M.D.</b>		23b. ADDRESS <b>St James, Mo.</b>		23c. DATE SIGNED <b>1/8/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 9, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Miles Cemetery</b>	
		24d. LOCATION (City, town, or county) <b>St. James, Mo.</b>		(State)	

DATE REC'D BY LOCAL REG. <b>1-9-53</b>		REGISTRAR'S SIGNATURE <b>Ruth B. Powell</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Oral E. Licklider - St. James, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number \_\_\_\_\_  
Date Filed 1-11-53

**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

*Orrel E. Lickleiter*

Licensed Embalmer No. 3546

P. O. Address St. Jerny 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.