

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5610**
Registrar's No. **57**

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5519**

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEESVILLE TWP.		c. LENGTH OF STAY (In this place) 4 YEARS	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEESVILLE TWP.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HER HOME			

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) MAY c. (Last) SNYDER			4. DATE OF DEATH (Month) (Day) (Year) FEB. 9, 1953		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MAY 9, 1887		9. AGE (In years last birthday) 65 Months 9 Days 0 Hours 0 Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LADY WAS BLIND		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) SALINE CO. KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILSON SNYDER		13b. MOTHER'S MAIDEN NAME ELSIE PEASER		14. NAME OF HUSBAND OR WIFE ✓	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME George Snyder, Kansas City, Mo		ADDRESS Kansas City, Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MYOCARDITIS		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDITIS			INTERVAL BETWEEN ONSET AND DEATH 1 WK
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4222			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES					2 YR

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	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) (Min.)	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 **JULY**, 1952, to **FEB**, 1953, that I last saw the deceased alive on **DEC. 30, 1953**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh B Walker, MD		23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 10 Feb 1953	
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE FEB. 12, 1953	24c. NAME OF CEMETERY OR CREMATORY ENGLE WOOD CEM	24d. LOCATION (City, town, or county) (State) CLINTON, MO		
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DATE REC'D BY LOCAL REG. Feb-12-53	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE W.D. Gansaut	ADDRESS Clinton, Mo		
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *N. A. Fausant*

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.