

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17218

State File No. 199

Registrar's No. 199

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007	
1. PLACE OF DEATH a. COUNTY Butler 01240			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Butler 01240		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township). OR TOWN Poplar Bluff		d. STREET ADDRESS (If rural, give location) 312 S. 6th St.
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.			4. DATE OF DEATH (Month) (Day) (Year) May 8, 1953		
3. NAME OF DECEASED (Type or Print) a. (First) Sammy b. (Middle) Luther c. (Last) Sneed			4. DATE OF DEATH (Month) (Day) (Year) May 8, 1953		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH March 15, 1882	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 1 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tenn. /		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME George Sneed		13b. MOTHER'S MAIDEN NAME Lottie Talker		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ray Romine Poplar Bluff, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease	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				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) 4201			
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 5-8-1953, to 5-8-1953, that I last saw the deceased alive on 5-8-1953, and that death occurred at 8:15 P.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. M. Hirschman M.D.		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 5-11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-10-53	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.		
DATE REC'D BY LOCAL REG. 5/14/53	REGISTRAR'S SIGNATURE G. R. Mueller		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.		

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

RECEIVED
MAY 18 1953
BUTLER CO. HEALTH CENTER
FILE No. _____

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 Wallace A. Knight

Licensed Embalmer No. 4514

P. O. Address 412 Vine
poplar Bluff - 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.