

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED SEP 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 967

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

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>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>30 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Idle Hour Nursing Home 218 So. 10th St.</u>			d. STREET ADDRESS (If rural, give location) <u>218 So. 10th St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>Z.</u>	c. (Last) <u>SNYDER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 26, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>July 9, 1875</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Month	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pennsylvania</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Samuel Snyder</u>		13b. MOTHER'S MAIDEN NAME <u>Heneritta Beaver</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lillian Esders, 1923 S. 22nd St., City</u>					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebrovascular Arteriosclerosis</u>			<u>2 yrs.</u>
		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)	
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 Mar 2, 1953, to Aug 26, 1953, that I last saw the deceased alive on Aug 10, 1953, and that death occurred at 10:05A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John R. McDaniel M.D.</u>		23b. ADDRESS <u>902 Edmond St., City</u>		23c. DATE SIGNED <u>8-27-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 28, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hiawatha Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Hiawatha, Kansas</u>	

DATE REC'D BY LOCAL REG. <u>Sept 5, 1953</u>		REGISTRAR'S SIGNATURE <u>Evelyn M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton-Bowman Funeral Home - St. Joseph</u>	
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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 Eugene Wood

Licensed Embalmer No. 5824

P. O. Address 319 5th St. Joseph, 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.