No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39557

FILED NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 84

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

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edina
c. LENGTH OF STAY (in this place): less 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gibson Hospital & Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Knox
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edina 0.520
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Bernice
b. (Middle): Frances
c. (Last): Snell

4. DATE OF DEATH (Month) (Day) (Year): Nov 17, 1953

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug 29, 1904
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Knox County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Abline March
13b. MOTHER'S MAIDEN NAME: Emaline Inman
14. NAME OF HUSBAND OR WIFE: Charley Snell ~~Edina, Mo~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): 0
16. SOCIAL SECURITY NO.: 0
17. INFORMANT'S SIGNATURE OR NAME: Charley Snell — ADDRESS: Edina, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Increase Intracranial pressure (Medullary Failure) — INTERVAL BETWEEN ONSET AND DEATH: 16 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Subarachnoid Hemorrhage — 16 hours
DUE TO (c): Arteriosclerosis et hypertension — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Epileptiform seizures — early childhood

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 330 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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) a.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* 11-16-53, *19*___, *to* 11-17-53, *19*___, *that I last saw the deceased alive on* 11-17-53, *19*___, *and that death occurred at* 2:12 *A.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William J. Freitas, D.O. #9195
23b. ADDRESS: Gibson Hospital Edina, Mo
23c. DATE SIGNED: 11-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov. 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: Linville cemetary
24d. LOCATION (City, town, or county) (State): Edina, Missouri

DATE REC'D BY LOCAL REG.: Nov-19-53
REGISTRAR'S SIGNATURE: Nelle S. Hunolt 151-0
25. FUNERAL DIRECTOR'S SIGNATURE: A S Rimer — ADDRESS: Edina, Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 1953

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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina 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.