

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42215

State File No.

XC-1723153
RN-5691
BIRTH NO. FILED JAN 7 1954

REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

Registrar's No. 72

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

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DENT		
b. CITY (If outside corporate limits, write RURAL and give township) POPLAR BLUFF		c. LENGTH OF STAY (In this place) 3 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) SLIGO		
d. FULL NAME OF HOSPITAL OR INSTITUTION VA HOSPITAL			d. STREET ADDRESS (If rural, give location) 0330 1		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) CARL	b. (Middle) M.	c. (Last) SNELSON	DECEMBER 27, 1953		

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JANUARY 22, 1895	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (State or foreign country) CUBA, MO.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME LEE SNELSON	13b. MOTHER'S MAIDEN NAME LAURA LUSHER	14. NAME OF HUSBAND OR WIFE DOROTHY SNELSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CARDIAC DECOMPENSATION		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) RHEUMATIC HEART DISEASE 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **12-24-53**, 19___, to **12-27-53**, 19___, and that death occurred at **2:35a** m., from the causes and on the date stated above.

23a. SIGNATURE OF DECEASED (Degree or title) ROBERT A. KIRKWOOD, M.D. OFFICER OF THE DAY	23b. ADDRESS VA HOSPITAL POPLAR BLUFF, MO.	23c. DATE SIGNED 12-27-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-29-53	24c. NAME OF CEMETERY OR CREMATORY Stegs Cemetery	24d. LOCATION (City, town, or county) (State) Dent Co. Mo
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DATE REC'D BY LOCAL REG. 12/31/53	REGISTRAR'S SIGNATURE R H Mitchell	25. FUNERAL DIRECTOR'S SIGNATURE General Home Funeral Home	ADDRESS
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RECEIVED
JAN 5 - 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

JAN 8
1954
JAN 25 1954

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 12-27

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff

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.