

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42287**

1-1211  
FILED DEC 21 1953  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **32**

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

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>					
b. CITY (If outside corporate limits, write RURAL and give town) <b>Cape Girardeau</b>		c. LENGTH OF STAY (In this place) <b>5 days</b>		c. CITY OR TOWN <b>White Water</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Southeast Mo Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>Rural 07601</b>					
3. NAME OF DECEASED a. (First) <b>Myrtle</b> b. (Middle) <b>Sarah</b> c. (Last) <b>Snider</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 11 1953</b>						
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 17 1895</b>			
9. AGE (In years last birthday) <b>58</b>		10. UNDER 1 YEAR Months <b>4</b> Days <b>24</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Near Laflin Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>					
13a. FATHER'S NAME <b>Edward Seabaugh</b>			13b. MOTHER'S MAIDEN NAME <b>Evelyn Estes</b>		14. NAME OF HUSBAND OR WIFE <b>Poletius J Snider</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>P.J. Snider</b> ADDRESS <b>White Water Mo</b>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Cardiac Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) (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 <b>1/10/52</b> , 19 <b>52</b> , to <b>12/11</b> , 19 <b>53</b> that I last saw the deceased alive on <b>12/4</b> , 19 <b>53</b> , and that death occurred at <b>7:30</b> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>W. D. [Signature]</b>				23b. ADDRESS <b>Cape Girardeau Mo</b>		23c. DATE SIGNED <b>12/14/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-13-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Baker Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Lutsville Mo</b>			
DATE REC'D BY LOCAL REG. <b>12-14-53</b>		REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		FUNERAL DIRECTOR'S SIGNATURE <b>J. R. Howell</b>		ADDRESS <b>Cape Girardeau Mo</b>			

DEC 29 1953

JAN 8 1954

DEC 28 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.....  
Signature of Student Embalmer

Signed..... *Joe Botavice*.....  
Licensed Embalmer No. 3390

P. O. Address *Cap. Kansas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.