

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44900**

FILED DEC 23 1953

BIRTH NO. _____		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 6165		Registrar's No. 1			
1. PLACE OF DEATH a. COUNTY Stone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Stone					
b. CITY OR TOWN Rural Hurley		c. LENGTH OF STAY (in this place) 15 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 1040 Hurley					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) Marionville Mo 87-1					
3. NAME OF DECEASED (Type or Print) a. (First) Whyses			b. (Middle) Grant		c. (Last) Snyder		4. DATE OF DEATH (Month) (Day) (Year) Nov 21-1953		
5. SEX M		6. COLOR OR RACE wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Oct. 15-1863		9. AGE (In years last birthday) 90-1-6 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY general			11. BIRTHPLACE (State or foreign country) Cato, Mo. Barry Co.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Chris Snyder			13b. MOTHER'S MARRIAGE NAME Sally Wilson			14. NAME OF HUSBAND OR WIFE Louise Jane Snyder			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME E				ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES DUE TO (b) Essential Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 days 2 hrs -	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201						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)		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 1950 to 21 Nov , 19 53 , that I last saw the deceased alive on 15 Nov , 19 53 , and that death occurred at 11:55 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE Raymond M. 50 - 0			23b. ADDRESS Gene Mo			23c. DATE SIGNED 23 Nov 53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 23 1953		24c. NAME OF CEMETERY OR CREMATORY Nickerson		24d. LOCATION (City, town, or county) (State) Reels Spring Mo.			
DATE REC'D BY LOCAL REG. Nov. 23-53.		REGISTRAR'S SIGNATURE Mrs. A. Elmer Bussan		25. FUNERAL DIRECTOR'S SIGNATURE F. E. E. J. Cheatham		ADDRESS Helena Mo.			

pu Lena Murray (Licensed Embalmer's Statement on Reverse Side)

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

1040

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena 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.