

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

314

State File No.

FILED FEB 15 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 130

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Buchanan</u>		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. CITY OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>49 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>118 E. Cliff St.</u>		e. STREET ADDRESS (If rural, give location) <u>118 E. Cliff St. 0117</u>	
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) <u>WILLARD</u> b. (Middle) <u>WATSON</u> c. (Last) <u>SNOW</u>			<u>1 29 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-13-1872</u>
9. AGE (In years last birthday) <u>81</u>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bolkow, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>William Snow</u>	
13b. MOTHER'S MAIDEN NAME <u>Naomi Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Oma Snow</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp. or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oma Snow, 118 E. Cliff St. City</u>
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) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>yes</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			
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) <u>002X</u>
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 <u>12-29, 1954</u> to <u>1-29, 1954</u>, that I last saw the deceased alive on <u>1-12, 1954</u>, and that death occurred at <u>10:45 P.m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE <u>St. W. Kieber, M.D.</u> (Degree or title)		23b. ADDRESS <u>Kirkpatrick Bldg St. Joseph Mo</u>	23c. DATE SIGNED <u>7-31-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-2-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>King Hill Cemeter</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb 8, 1954</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison 48.5-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph Ruppert</u> ADDRESS <u>Joseph, Mo.</u>

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

1888 FEB 20 1984

STATEMENT BY LICENSED EMBALMER

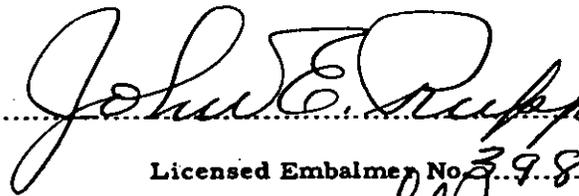
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 398

P. O. Address St. Joseph

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.