

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3812

BIRTH NO.		REG. DIST. NO. <u>374</u>	PRIMARY REG. DIST. NO. <u>4350</u>	Registrar's No. <u>7</u>
1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>		
b. CITY OR TOWN <u>Sheridan</u>		c. LENGTH OF STAY (in this place) <u>11 yrs.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN <u>Sheridan</u>		<u>1130</u>
		d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) <u>Daniel</u>		a. (First) <u>Daniel</u>	b. (Middle) <u>Martin</u>	c. (Last) <u>Snow</u>
4. DATE OF DEATH <u>February 3, 1954</u>		4. DATE (Month) (Day) (Year)		
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>Nov. 7, 1903</u>	9. AGE (In years last birthday) <u>50</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State Highway Dept.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Albany, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>John Snow</u>		13b. MOTHER'S MAIDEN NAME <u>Maude Hazzard</u>	14. NAME OF HUSBAND OR WIFE <u>Kathleen Goldie Snow</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-14-7620</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Kathleen Goldie Snow - Sheridan, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Courinary occlusion</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.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>1-31-54</u> , 19 <u>54</u> , to <u>2-3</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2-3</u> , 19 <u>54</u> , and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>2 A. G. Garter, D.O.</u>		23b. ADDRESS <u>Mayville Mo</u>		23c. DATE SIGNED <u>2-4-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-6-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Grant City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 16 1954</u>	REGISTRAR'S SIGNATURE <u>Kate E. Dawson</u>	345	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill Dunfee</u> ADDRESS <u>Grant City, Mo.</u>	

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

APR 16 1954

MAY 6 1955

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 Bill A Dunfee

Licensed Embalmer No. 49018

P. O. Address East City, 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.