

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

3923

State File No. ....

BIRTH <u>FILED FEB 16 1954</u>		REG. DIST. NO. <u>15</u>	PRIMARY REG. DIST. NO. <u>3004</u>	Registrar's No. <u>13</u>
1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1501 Gulf</u>		
3. NAME OF DECEASED (Type or Print). a. (First) <u>JOHN</u>		b. (Middle) <u>G.</u>		c. (Last) <u>SNIP</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 11 1954</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 5 1887</u>	9. AGE (In years last birthday) <u>66</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Publisher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Distr. School Books</u>		11. BIRTHPLACE (State or foreign country) <u>Ashaum, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>				
13a. FATHER'S NAME <u>Gerrit Snip</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Mueller</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie Roggeveen</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-36-2980</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mattie Snip, Lamar, Missouri</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>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Left Bundle Branch Block</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Curricular Fibrillation - years</u> DUE TO (c) <u>Herpes Zoster</u> 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? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input 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 <u>Sept 27, 1951</u> , to <u>Feb 11, 1954</u> ; that I last saw the deceased alive on <u>Feb 11, 1954</u> ; and that death occurred at <u>1:00a</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Hon. Arnold M.D.</u>		23b. ADDRESS <u>Lamar, Mo.</u>		23c. DATE SIGNED <u>2-12-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>13 Feb 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>12 Feb 1954</u>		REGISTRAR'S SIGNATURE <u>Maria Konantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Konantz Funeral Home, Lamar, Missouri</u>

(Licensed Embalmers' Statement on Reverse Side)

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

**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.....

*Norman L. Thompson*

Licensed Embalmer No. 4816

P. O. Address Lamar, Missouri

**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.