

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4576**

FILED MAR 1 1954
BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **191-A**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield Mo		c. CITY (If outside corporate limits, write RURAL and give township) Lockwood Mo.	
c. LENGTH OF STAY (in this place) 2w		d. STREET ADDRESS (If rural, give location) 4mi s e	
d. FULL NAME OF HOSPITAL OR INSTITUTION Baptist Hospital			

3. NAME OF DECEASED (Type or Print) Thompson	a. (First)	b. (Middle) Monore	c. (Last) Snadon	4. DATE OF DEATH (Month) (Day) (Year) Feb 15 1954
--	------------	------------------------------	----------------------------	---

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 23, 1905	9. AGE (In years last birthday) Months Days Hours Mins. 49
--------------------	------------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Dade Co Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	--

13a. FATHER'S NAME Wm Snadon	13b. MOTHER'S MAIDEN NAME Elsie Snadon	14. NAME OF HUSBAND OR WIFE Zetta Snadon
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Zetta Snadon Lockwood M.	ADDRESS Lockwood Mo.
---	--	--	--------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease with Congestive Heart Failure		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4341	20. AUTOPSY? YES <input type="checkbox"/> NO <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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	---	----------------------------

22. I hereby certify that I attended the deceased from **Feb 3, 1954**, to **Feb 15, 1954**, that I last saw the deceased alive on **Feb 14, 1954**, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE James T. Good	(Degree or title) MD	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 2-18-54
--	--------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 17, 1954	24c. NAME OF CEMETERY OR CREMATORY Pennsboro	24d. LOCATION (City, town, or county) (State) Dade Co. Mo.
--	----------------------------------	--	--

DATE REC'D BY LOCAL REG. 2-24-54	REGISTRAR'S SIGNATURE Fritz Williamson	25. FUNERAL DIRECTOR'S SIGNATURE W.R. Allison	ADDRESS Greenfield Mo.
--	--	---	----------------------------------

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 W. R. Allison

Licensed Embalmer No. 4204

P. O. Address Greenfield, 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.