

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5343**

BIRTH NO. **FILED FEB 24 1954** REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **4275** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Lawrence County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give town) Marionville	c. LENGTH OF STAY (in this place) 57 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Marionville 0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION Center Street		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) David	a. (First)	b. (Middle) Albert	c. (Last) Snyder	4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1954
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH October 12, 1877	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 7	IF UNDER 24 HRS. Hours 1	IF UNDER 24 HRS. Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith	10b. KIND OF BUSINESS OR INDUSTRY Blacksmith	11. BIRTHPLACE (State or foreign country) Knox County, Ohio.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME C. E. Snyder	13b. MOTHER'S MAIDEN NAME Ann Hall	14. NAME OF HUSBAND OR WIFE Lieusettie Snyder
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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. 500-12-0641	17. INFORMANT'S SIGNATURE OR NAME Mrs. D. A. Snyder, Marionville, Mo	ADDRESS Marionville, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 30 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease 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 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **September 1953** to **February 19, 1954**, that I last saw the deceased alive on **February 19, 1954**, and that death occurred at **6:10 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) MD	23b. ADDRESS Marionville, Mo.	23c. DATE SIGNED 21 Feb. 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 21, 54	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	24d. LOCATION (City, town, or county) (State) Marionville, Mo.
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DATE REC'D BY LOCAL REG. 2-21-1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Marionville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 1

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..... *Herman Hurridge*

Licensed Embalmer No. *3072*

P. O. Address *Marionville 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.