

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9226

State File No.

FILED APR 7 1954

BIRTH NO.

REG. DIST. NO. 167

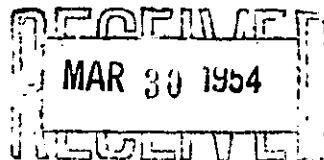
PRIMARY REG. DIST. NO. 4256

Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden		c. LENGTH OF STAY (In this place) 15 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden		0510			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sturgis Cafe				d. STREET ADDRESS (If rural, give location) Howard Hotel					
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) ERIE c. (Last) SNIDER			4. DATE OF DEATH (Month) (Day) (Year) March 23, 1954						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Nov. 28, 1877			
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Ohio.			
12. CITIZEN OF WHAT COUNTRY? USA									
13a. FATHER'S NAME Henry Snider			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Lulu Carter Snider (dec)			
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. 491-36-9733			17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Snider 615 Myrtle, K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerosis				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 4201			20. AUTOPSY? YES ☐ NO ☒			
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) m.			21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐			21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov., 1948, to Mar., 1954, that I last saw the deceased alive on Mar. 22, 1954, and that death occurred at 6:15 P. M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Kelly Rowlands M.D.				23b. ADDRESS Holden Mo		23c. DATE SIGNED 3/25/54			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Mar. 25, 1954		24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery		24d. LOCATION (City, town, or county) (State) Holden, Mo.			
DATE REC'D BY LOCAL REG. March 27, 1954		REGISTRAR'S SIGNATURE Mrs H V Redford			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E B CAST HOLDEN MO				

(Licensed Embalmer's Statement on Reverse Side)

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



JOHNSON COUNTY HEALTH DEPT.

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

E. B. Cast

Licensed Embalmer No. *4059*

P. O. Address *Holden, 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.