

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11490**

0201

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

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>CEDAR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CEDAR</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>ELDORADO SPGS</u>	c. LENGTH OF STAY (In this place) <u>7 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELDORADO SPGS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>		d. STREET ADDRESS (If rural, give location) <u>900 S KIRKPATRICK</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELEANOR</u>		b. (Middle) <u>SNODGRASS</u>	
c. (Last) <u>SNODGRASS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 20, 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 5, 1866</u>
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WAYNE CO., IOWA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>WAYNE CO., IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>C.C. PARR</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA BUCKLANAN</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT SNODGRASS</u> ADDRESS <u>ELDORADO SPGS 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>Coprolary</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Impaction</u>			
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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no injury</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>no injury</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>none</u>			
22. I hereby certify, that I attended the deceased from <u>2-2</u> , 19 <u>54</u> to <u>3-19</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3-19</u> , 19 <u>54</u> and that death occurred at <u>8:06</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Richardson M.D.</u>		23b. ADDRESS <u>Wilfrie Rd</u>	
23c. DATE SIGNED <u>3-20-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/21/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>		24d. LOCATION (City, town, or county) (State) <u>ELDORADO SPGS MO</u>	
DATE REC'D BY LOCAL REG. <u>3/20/54</u>		REGISTRAR'S SIGNATURE <u>George W. Hefner</u> ADDRESS <u>418 - n. Maple - Hannibal - Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS <u>City</u>	

3/22/54 [Signature] (Physician's Statement on Reverse Side)

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..... *D. Hugh S. Allen*

Licensed Embalmer No. *2844*

P. O. Address *Ed. Paradise Springs*

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.