

FILED JUN 2 1954

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **14765**

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 144	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (in this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Novinger,			
d. FULL NAME OF HOSPITAL OR INSTITUTION Stickler Hospital				d. STREET ADDRESS (If rural, give location) R. F. D.			
3. NAME OF DECEASED (Type or Print) a. (First) Maggie b. (Middle) Snyder c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) May 27, 1954				
5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 16, 1866	
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Adair County, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel Snyder			13b. MOTHER'S MAIDEN NAME Hester Tedrow		14. NAME OF HUSBAND OR WIFE William D. Jones		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If exp. give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde Jones, Novinger, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis					Several Yrs
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 May 24, 1954 , to May 27, 1954 , that I last saw the deceased alive on May 27, 1954 , and that death occurred at 6:20 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. Stickler M.D.				23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 5-29-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/29/54	24c. NAME OF CEMETERY OR CREMATORY Ringo Point		24d. LOCATION (City, town, or county) (State) Adair County, Mo.		
DATE REC'D BY LOCAL REG. 5-31-54		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kirksville, Mo.			

(Licensed Embalmer's 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.

Signed Richard W. Bandall

Signed.....
Student Embalmer

Licensed Embalmer No. 4866

P. O. Address Kiskadee, 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.