

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15193

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>4091</u>		Registrar's No. <u>9</u>			
1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fremont</u>		c. LENGTH OF STAY (in this place) <u>all life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fremont</u>		<u>0180</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Raymond</u> c. (Last) <u>Snider</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May, 15, 1954</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 19, 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>Boomer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel Snider</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Jane Snider</u>			
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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Snider</u>		18. ADDRESS <u>Rolla, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epileptic of lip.</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>140X</u>		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) (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 <u>Sept</u> , 19 <u>53</u> , to <u>May 15</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>April 15</u> , 19 <u>54</u> , and that death occurred at <u>9:00 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. N. Cotton M.D.</u> (Degree or title)				23b. ADDRESS <u>Van Buren</u>		23c. DATE SIGNED <u>5-19/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Snider Cemetery, Carter Co.</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>			
DATE REC'D BY LOCAL REG. <u>May 19-1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. Octa Hanson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton</u>		ADDRESS <u>Van Buren Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

p. 300
p. 48

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 *Leaton Perrett*

Licensed Embalmer No. *2287*

P. O. Address *Van Buren*

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.