

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17866

State File No. ....  
Registrar's No. .... 44

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Barton</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b> |  | b. COUNTY<br><b>Barton</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Lamar</b> |  | c. CITY<br>OR<br>TOWN<br><b>Lamar</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. LENGTH OF STAY (In this place)<br><b>80 yrs</b>   |  | e. STREET ADDRESS (If rural, give location)<br><b>205 W- 14th St.</b>   |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>600 Grand Ave.</b>                                   |  |   |  |  |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>MAUDE S. SNORGRASS</b>              |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>July 1 1954</b> |  |  |
| 5. SEX<br><b>F</b>   |  | 6. COLOR OR RACE<br><b>W</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> |  |
| 8. DATE OF BIRTH<br><b>Dec 30 1870</b>   |  | 9. AGE (In years last birthday)<br><b>83</b>  |  | IF UNDER 1 YEAR<br>Months <b>6</b> Days <b>1</b>                         |  |
| IF UNDER 24 HRS.<br>Hours <b></b> Min. <b></b>                                   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own home</b>                     |  |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Selbyville, Indiana</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S.</b>  |  |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME<br><b>William Thompson</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Minerva A. Denham</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>William A. Snorgrass</b>                          |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |  | 16. SOCIAL SECURITY NO.<br><b>XXX</b>                 |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Lacy Snorgrass, Lamar, Missouri</b> |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>                         |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 dys</b> |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |  | DUE TO (b) <b>Ovarian Tumor</b>   |  | <b>5 mths?</b>                                   |  |
| DUE TO (c)   |  | II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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) |  | 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 **March 15 1954**, to **July 1, 1954**, that I last saw the deceased alive on **July 1, 1954**, and that death occurred at **7:05 p.m.**, from the causes and on the date stated above.

|   |  |                                   |  |   |  |
|---|--|-----------------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title)<br><b>H.M. Arnold M.D.</b>             |  | 23b. ADDRESS<br><b>Lamar, Mo.</b> |  | 23c. DATE SIGNED<br><b>7-3-54</b>                 |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>              |  | 24b. DATE<br><b>July 3 1954</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Lake</b> |  |
| 24d. LOCATION (City, town, or county) (State)<br><b>Lamar, Missouri</b> |  |                                   |  |   |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG.<br><b>JUL 3 - 1954</b> |  | REGISTRAR'S SIGNATURE<br><b>Marie Konantz</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Konantz Funeral Home, Lamar, Missouri</b> |  |
|---|--|---|--|--|--|

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

0061

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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.....  
Signature of Student Embalmer

Signed *Norman L. Thompson*.....

Licensed Embalmer No. 4816.....

P. O. Address Lamar, Missouri.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.