

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20111**

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>IRON</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>(ST. FRANCOIS)</b>		c. CITY OR TOWN <b>MIDDLE BROOK</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>25 days</b>		e. STREET ADDRESS (If rural, give location) <b>9470</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MINERAL AREA OSTEO. HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MARCELLA</b>	b. (Middle) <b>LAVADA</b>	c. (Last) <b>SNOW</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 20, 1954</b>
-------------------------------------	----------------------------	---------------------------	-----------------------	--

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUGUST 27, 1886</b>	9. AGE (In years last birthday) <b>67</b>	10. MONTH <b>9</b>	11. DAYS <b>24</b>	12. HOURS <b></b>	13. MIN. <b></b>
----------------------	-------------------------------	---	---	---	--------------------	--------------------	-------------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b></b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BONNE TERRE, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	---	--

13a. FATHER'S NAME <b>JOHN NASH</b>	13b. MOTHER'S MAIDEN NAME <b>GILLA A. PEARCE</b>	14. NAME OF HUSBAND OR WIFE <b>HARRY EARL SNOW</b>
-------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO.</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>EARL H. SNOW, MIDDLE BROOK, MO.</b>	ADDRESS <b></b>
--	--	--	-----------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sepsis caused by purulent peritonitis</b>		<b>5 days</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Spontaneous rupture empyema of lvs.</b>		<b>5 days</b>	
DUE TO (c) <b>Cholelithiasis - cholecystitis</b>		<b>unknown</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hemorrhagic Purpura exanthematica</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>585X</b>	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) m.	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 5-20-54, 1954, to 6-20-54, 1954, that I last saw the deceased alive on 6-20-54, 1954, and that death occurred at 9:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Marvin L. Eaker MD</b>	23b. ADDRESS <b>17 So. Jackson Farming</b>	23c. DATE SIGNED <b>6/21/54</b>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/24/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Iron Mountain Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Iron Mountain, Mo.</b>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <b>June 23, 1954</b>	REGISTRAR'S SIGNATURE <b>Ether Redloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Z. BOYER &amp; SON DESLOGE, MO.</b>	ADDRESS <b></b>
---	--	--	-----------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

0940

---

---

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 *B. T. Doyed* .....  
Licensed Embalmer No. *36*.....

P. O. Address *Alcalá*.....

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.