

FILED JUL 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22261

Goldberg
6/30

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 4061 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Braymor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ludlow</u> <i>25-90</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>city limits</u>		d. STREET ADDRESS (If rural, give location) <u>city limits</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>SNIDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7/14/1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>9/7/1866</u>
9. AGE (in years last birthday) <u>87</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		12. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	
13a. FATHER'S NAME <u>Frederick Almeron</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Bird</u>	
14. NAME OF HUSBAND OR WIFE <u>Rosie 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.		17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Boulton, Braymor, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Chronic Interstitial Nephritis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>many years</u>	
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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct. 16, 1952</u> , to <u>July 14, 1954</u> that I last saw the deceased alive on <u>July 14, 1954</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. E. Goldberg</u>		23b. ADDRESS <u>Mo. D. Braymor, Mo.</u>	
23c. DATE SIGNED <u>7/14/54</u>		24. NAME OF CEMETERY OR CREMATORY <u>Monroe cemetery</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/16/1954</u>	
24c. LOCATION (City, town, or county) (State) <u>Ludlow, Mo.</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Geneb. Michael, Braymer, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-24-54</u>		REGISTRAR'S SIGNATURE <u>499-6</u>	

(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.~~

~~Student~~ _____
~~Student Embalmer~~

Signed

Leue, Michael

Licensed Embalmer, No.

4340

P. O. Address

Braymer, 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.