

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22546**
Registrar's No. **54-48**

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4154**

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield		c. CITY OR TOWN Ash Grove	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Smith Rest Home		e. STREET ADDRESS (If rural, give location) North Part of Ash Grove	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Cooley	c. (Last) Snoddy	4. DATE OF DEATH (Month) (Day) (Year) July 11 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH November 1-1866	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Days 8	IF UNDER 24 HRS. Hours 10	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Operator	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Belle Durham	14. NAME OF HUSBAND OR WIFE Magnolia Snoddy
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Clarence Wagner	ADDRESS Ash Grove Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4-2-2-2	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **7-23**, 1957, to **6-9**, 1957, that I last saw the deceased alive on **6-9**, 1957, and that death occurred at **2:00 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. C. Canada	23b. ADDRESS Greenfield Mo	23c. DATE SIGNED July 13-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 14-1954	24c. NAME OF CEMETERY OR CREMATORY Ash Grove	24d. LOCATION (City, town, or county) (State) Ash Grove Missouri
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DATE REC'D BY LOCAL REG. 7-13-54	REGISTRAR'S SIGNATURE J. C. Canada	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Birch	ADDRESS Ash Grove Mo.
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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.....
Signature of Student Embalmer

Signed..... *Richard E. Wat*

Licensed Embalmer No. *465*

P. O. Address *Ash Grove*

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.