

FILED AUG 9 - 1954

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 23523

BIRTH NO.		REG. DIST. NO. 174		PRIMARY REG. DIST. NO. 3035		Registrar's No. 760	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Lafayette		b. CITY (If outside corporate limits, write RURAL and give township) Lexington		a. STATE Missouri		b. COUNTY Lafayette	
c. LENGTH OF STAY (in this place) 10 yr		c. CITY (If outside corporate limits, write RURAL and give township) Lexington		d. STREET ADDRESS (If rural, give location) 119 South 7th St.		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 119 South 7th St.		d. STREET ADDRESS (If rural, give location) 119 South 7th St.		0		0542	
3. NAME OF DECEASED (Type or Print) Steve Snyder			4. DATE OF DEATH July 28, 1954			80 Day (Year)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH February 24, 1871	
9. AGE (In years last birthday) 83		10. MONTHS 5		11. DAYS 5		12. IF UNDER 1 YEAR Hours 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY employee		11. BIRTHPLACE (City and State or Foreign Country) Lexington, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Richard Snyder			13b. MOTHER'S MAIDEN NAME Mary Smith			14. NAME OF HUSBAND OR WIFE Edith Hurr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Spanish American War		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Chas. Manckton, Lexington, Mo			
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 one yr	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Esophagus		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 150 X				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 4/7/1954, to 7/29, 1954, that I last saw the deceased alive on 7-29, 1954, and that death occurred at 2:00P m., from the causes and on the date stated above.							
23a. SIGNATURE Joe W Ward MD				23b. ADDRESS Lexington, Mo.		23c. DATE SIGNED 8/4/54	
24a. BURIAL/CREMATION, REMOVAL (Specify) Burial		24b. DATE August 1, 1954		24c. NAME OF CEMETERY OR CREMATORY Machpelah		24d. LOCATION (City, town, or county) (State) Lexington, Missouri.	
DATE REC'D BY LOCAL REG. 8-4-54		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

Ward

AUG 8 1954

AUG 19 1954

AUG 24 1954

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 Geo. M. Kean

Licensed Embalmer No. 2983

P. O. Address Lexington, 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 this body is not embalmed, fact should be so stated above.