

No. 300
10-48

FILED SEP 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28592

0860

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

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>59</u>			
1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Putnam</u>	
b. CITY OR TOWN <u>Unionville</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY OR TOWN _____		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 <u>Monroe Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>LEMONS MO 0860</u>					
3. NAME OF DECEASED a. (First) <u>DORA</u>			b. (Middle) <u>BELL</u>		c. (Last) <u>SNYDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 23 1954</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>NOV 22 1879</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>74 9 1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>GREEN BERRY COOLEY</u>			13b. MOTHER'S MAIDEN NAME <u>AMELIA PETTET</u>			14. NAME OF HUSBAND OR WIFE <u>DAVID W. SNYDER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MURRAY SNYDER - LUCERNE, MO.</u>				ADDRESS _____	
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hydronephrosis</u> DUE TO (c) <u>floating kidney</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>603X</u>					
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 <u>11-1</u> , 19 <u>52</u> to <u>8-23</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8-23</u> , 19 <u>54</u> , and that death occurred at <u>9:12</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>L. W. McDonald Dr</u>				23b. ADDRESS <u>Unionville Mo</u>		23c. DATE SIGNED <u>9-3-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>13</u>		24b. DATE <u>8-25-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LUCERNE, BEN</u>		24d. LOCATION (City, town, or county) (State) <u>LUCERNE MO</u>			
DATE REC'D BY LOCAL REG. <u>9-11-54</u>		REGISTRAR'S SIGNATURE <u>Marvell Dunbar</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. O. Husted</u>		ADDRESS <u>Unionville Mo.</u>			

AUG 23 1956

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.....
Muel E. Husted

Licensed Embalmer No. *230*

P. O. Address *Unknowable*

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.