

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33638

State File No. _____

BIRTH NO. 68849-54 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 95397

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Greene</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Greene</u>
c. LENGTH OF STAY (in this place) <u>3 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	d. STREET ADDRESS (If rural, give location) <u>806 S. St. 0396</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Buise Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)					
a. (First) <u>Irvin B.</u>	b. (Middle)	c. (Last)	<u>Oct. 13, 1954</u>					
<u>Infant Son of Mr. & Mrs. Floyd Snow</u>								
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Oct. 13, 1954</u>	9. AGE (In years last birthday)	10. MONTHS	11. DAYS	12. IF UNDER 24 HRS. Hours	13. IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Floyd J. Snow</u>	13b. MOTHER'S MAIDEN NAME <u>Bonnie Jean Coleman</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Floyd J. Snow</u>	ADDRESS <u>Springfield Mo.</u>
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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, asphyxia, 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) <u>Prematurity</u>		
	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	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) (Min.)	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 10-13, 1954 to 10-13, 1954 that I last saw the deceased alive on 10-13, 1954 and that death occurred at 11: P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David A. Thomason M.D.</u>	23b. ADDRESS <u>1630 N. Jefferson</u>	23c. DATE SIGNED <u>10-20-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/15/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mrs. Bride Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Competition Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-22-54</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Helman Funeral Home Lebanon Mo.</u>	ADDRESS
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(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 _____

No Embalming Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Bersey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.