

FILED DEC 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40387

BIRTH NO. _____		REG. DIST. NO. #67		PRIMARY REG. DIST. NO. 5259		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY Christian				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Christian			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Bruner Twsp.				c. LENGTH OF STAY (in this place) 3 Yrs.		c. CITY OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) Emma F. Snider				4. DATE OF DEATH Dec. 11, 1954		(If rural, give location) Rural, Bruner, Twsp. 0220	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 1, 1886	
9. AGE (In years last birthday) 68		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Adam F. James		13b. MOTHER'S MAIDEN NAME Mary Watts		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Dove Shipman, Sparta, Mo. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Chronic Myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				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)		21d. HOW DID INJURY OCCUR?	
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"/>		22. I hereby certify that I attended the deceased from Jan 1954, to Dec. 11, 1954, that I last saw the deceased alive on Dec 10, 1954, and that death occurred at _____, from the causes and on the date stated above.			
23a. SIGNATURE Dr. Harriet K. Wilson		23b. ADDRESS Sparta, Mo.		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 13, 1954		24c. NAME OF CEMETERY OR CREMATORY Bruner Cemetery		24d. LOCATION (City, town, or county) (State) Christian, Mo.	
DATE REC'D BY LOCAL REG. Dec. 13/54		REGISTRAR'S SIGNATURE Harriet Jay		507		25. FUNERAL DIRECTOR'S SIGNATURE T.B. Chaffin, Ozark, Mo. ADDRESS	

(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.....
Signature of Student Embalmer

Signed..... *F. B. Chaffin*

Licensed Embalmer No. *219*

P. O. Address *Ozark*

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.