

FILED JAN 24 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **994**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5513** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL - LEESVILLE		c. CITY (If outside corporate limits, write RURAL and give township) Rural Leesville 0/20	
c. LENGTH OF STAY (In this place) 40 yrs.		d. STREET ADDRESS (If rural, give location) Clinton R F D 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton R F D 2		e. STREET ADDRESS Clinton R F D 2	

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) WASHINGTON c. (Last) SNORGRASS			4. DATE OF DEATH (Month) (Day) (Year) JAN 18 1955		
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH JAN 27 1884		9. AGE (In years last birthday) 70		10. MONTHS 11 DAYS 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (City and State or Foreign Country) VERSAILLES MISSOURI 0	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME T J SNORGRASS		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE DECEASED	
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. 500-03-3080		17. INFORMANT'S SIGNATURE OR NAME Dale Snorgrass	
				ADDRESS Clinton Mo. R F D 2	

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) Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 10 mos 2 yrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension			
		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 443X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NB		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)		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 **1950**, to **JAN. 18, 1955**, that I last saw the deceased alive on **Jan 17, 1955**, and that death occurred at **17 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh B. Walker, MD 0		23b. ADDRESS Clinton, Mo		23c. DATE SIGNED 19 Jan. 1955	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan 20 1955		24c. NAME OF CEMETERY OR CREMATORY TRBO	
24d. LOCATION (City, town, or county) (State) HENRY COUNTY MISSOURI		DATE REC'D BY LOCAL REG. Jan 20-55			
REGISTRAR'S SIGNATURE Florence Adair		432		WILKINSON FUNERAL HOME Clinton Mo	

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
Student Embalmer

Signed F. L. Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton 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.