

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3732

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4547 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <b>Worth</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grant City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grant City, 1130</b>	
c. LENGTH OF STAY (in this place) <b>1 year</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Susan</b>	b. (Middle) <b>America Sn</b>	c. (Last) <b>Snow</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 29, 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 5, 1865</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Plattsburg, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>Thomas Dixon</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth McCorkel</b>	14. NAME OF HUSBAND OR WIFE <b>William Wallace Snow</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. M. O. Briggs - Grant City, Missouri</b>
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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) <b>ACUTE CIRCULATORY FAILURE</b>		<b>5 MIN.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CARDIAC DILATATION</b>		<b>3 YRS</b>
DUE TO (c) <b>CHRONIC MYOCARDIAL DEGENERATION</b>		<b>9 YEARS</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>ACUTE VIRAL PNEUMONIA</b>		<b>36 hrs.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. <b>4222</b>	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 **FEB**, 1955, to **Jan 29**, 1955, that I last saw the deceased alive on **JAN 28**, 1955, and that death occurred at **5:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Dress or title) <b>Richard J. Smith Do</b>	23b. ADDRESS <b>Grant City, Mo</b>	23c. DATE SIGNED <b>1-31-55</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 1, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>King City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>King City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Feb. 2-1955</b>	REGISTRAR'S SIGNATURE <b>Keta E. Harrison</b> 345-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Bill A. Dunfee - Grant City, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

1130

2  
42

**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 Bill A. Dunfee

Licensed Embalmer No. 4908

P. O. Address Grant City, 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.