

BIRTH NO.		REG. DIST. NO.		122 PRIMARY REG. DIST. NO.		222 Registrar's No.		111					
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>									
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>				c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Springfield</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Handley Memorial Hosp.</u>				F. STREET ADDRESS (If rural, give location) <u>1727 W. Florida</u> <u>0390</u>									
3. NAME OF DECEASED (Type or Print) <u>Harry - Elmer - Snider</u>				a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22-1955</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 18, 1892</u>		9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months Days Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miner</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>mine</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Aurora - Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Cephus</u>				13b. MOTHER'S MAIDEN NAME <u>Aeritta Lester</u>				14. NAME OF HUSBAND OR WIFE <u>Mrs. Florence Snider</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>491-03-0670</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Snider - Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct</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.								INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4201</u>								20. AUTOPSY? YES ☐ NO ☒	
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. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐				21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>2/21/55</u> 19 <u>55</u> to <u>2/22/55</u> , that I last saw the deceased alive on <u>2-21</u> , 19 <u>55</u> and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>Daniel G. Hall</u>				(Degree or title) <u>MD</u>				23b. ADDRESS <u>1451 So. National Springfield Mo.</u>				23c. DATE SIGNED <u>2/23/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>2/25/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robberson Prairie</u>				24d. LOCATION (City, town, or county) (State) <u>Greene Co, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2-23-55</u>				REGISTRAR'S SIGNATURE <u>Edith Williamson</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Rev. Daniel S. P. H. Mo.</u>				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1955

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 _____
Licensed Embalmer No. 3312

P. O. Address Springfield

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.