

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7795

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 5410		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth 1130			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Miller Township		c. LENGTH OF STAY (in this place) 7 months		c. CITY OR TOWN Denver		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ho Berlin, Missouri				e. STREET ADDRESS (If rural, give location) 4 miles east of Denver			
3. NAME OF DECEASED (Type or Print) Laura		a. (First)		b. (Middle) Snead		c. (Last)	
4. DATE OF DEATH		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Dec. 1, 1871		9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Worth County Missouri 10	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Benedict Williams		13b. MOTHER'S MAIDEN NAME Julia Ann Clark		14. NAME OF HUSBAND OR WIFE Bird H. H. Snead (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ardis Snead Martinsville, Mo.			
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) <i>Branchial Pneumonia</i> INTERVAL BETWEEN ONSET AND DEATH 1 mo 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. <i>Cerebral Hemorrhage</i> 2 yrs.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒		491X	
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 1-22 1955 to 3-13 1955, that I last saw the deceased alive on Feb 28 1955, and that death occurred at 1:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <i>D. B. Black</i>				23b. ADDRESS <i>King City Mo</i>		23c. DATE SIGNED 3-14-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 14, 1955		24c. NAME OF CEMETERY OR CREMATORY Lone Star Cemetery		24d. LOCATION (City, town, or county) (State) Gentry County Missouri	
DATE REC'D BY LOCAL REG. Mar. 14 55		REGISTRAR'S SIGNATURE <i>Maude Williams</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W & Noble & Son New Hampton Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

MAY 7 1958

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 William George Noble, Student Embalmer No. 513, working under my personal supervision..

Student William George Noble
Signature of Student Embalmer

Signed W G Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.