

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9273

State File No. ....

FILED APR 11 1955

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Farmington</b>		c. CITY OR TOWN <b>Cantwell</b>	
c. LENGTH OF STAY (if this place) <b>3 wks</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>312 Washington</b>		STREET ADDRESS (If rural, give location) <b>09410</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ella</b> b. (Middle) c. (Last) <b>Snyder</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 5, 1955</b>		
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>Nov. 16, 1873</b>	9. AGE (In years) last birthday <b>81</b>	IF UNDER 1 YEAR Months <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Care of own home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Coffman, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S</b>

13a. FATHER'S NAME <b>Louis Aubuchon</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Perry</b>		14. NAME OF HUSBAND OR WIFE <b>William Smith Snyder</b>	
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>Wm. Basler Cantwell, Mo.</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Lung</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

19a. DATE OF OPERATION <b>Thoracentesis</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cancer Cells in fluid</b>		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) <b>103X</b>	
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"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from March 19, 1955, to April 5, 1955, that I last saw the deceased alive on April 4, 1955, and that death occurred at 8:15 pm from the causes and on the date stated above.

23a. SIGNATURE <b>Alvan G. Karraker M.D.</b> (Degree or title)		23b. ADDRESS <b>Farmington, Mo</b>		23c. DATE SIGNED <b>4.7.55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/9/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Charles Rock Rd. Mo.</b>			

DATE REC'D BY LOCAL REG. <b>Apr. 8, 1955</b>		REGISTRAR'S SIGNATURE <b>Cather Rudloff</b> 28950		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Z. BOYER &amp; SON DESLOGE, MISSOURI</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *D. T. Dayer*.....

Licensed Embalmer No. *36*.....

P. O. Address *Dallas, Tex.*.....

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.