

No. 300
10.48

0050

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

FILED APR 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10928

State File No.

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5040 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Exeter Twp.)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Exeter Twp.)</u> <u>2050</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>SNOOK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-11-1955</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>10-9-1884</u>		9. AGE (In years last birthday) <u>70</u>		10. UNDER 1 YEAR Months _____ Days _____	
11. UNDER 1 HR. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Washburn, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		13a. FATHER'S NAME <u>P. D. Michael</u>	
13b. MOTHER'S MAIDEN NAME <u>Ida Edwards</u>		14. NAME OF HUSBAND OR WIFE <u>Robert L. Snook</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Robert L. Snook-Exeter, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUPLICATE (b) <u>Essential Hypertension</u>				<u>3 weeks</u>	
ANTECEDENT CAUSES		DUPLICATE (c) <u>Arteriosclerosis</u>				<u>2 yrs</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE (c) <u>Arteriosclerosis</u>				<u>2 yrs</u>	
11. 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 <u>931 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			

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?			
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22. I hereby certify that I attended the deceased from Jan 1976, to April 1955, that I last saw the deceased alive on April 11, 1955, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. F. Cassville Mo.</u>		23b. ADDRESS <u>Exeter, Missouri</u>		23c. DATE SIGNED <u>4-11-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-12-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Exeter, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>4-13-55</u>		REGISTRAR'S SIGNATURE <u>Mary McDonald</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul D. Hubert</u>		ADDRESS <u>Exeter, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 455-230

DATE REC. 4-16-55

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 Paul D. Herbst

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.