

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11254

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>194</u>			
1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (In this place) <u>4 HRS.</u>		c. CITY OR TOWN <u>MILL CREEK</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>				STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)			8. (First) <u>EDDIE</u>			b. (Middle) <u>ARNOLD</u>			
			c. (Last) <u>SNYDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 22, 1955</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>		8. DATE OF BIRTH <u>FEB. 10, 1954</u>			
9. AGE (In years last birthday) <u>1</u>		if UNDER 1 YEAR <u>2</u> Months <u>12</u> Days		if UNDER 24 HRS. <u>12</u> Hours <u>0</u> Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inf</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>MADISON COUNTY, MO.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>									
13a. FATHER'S NAME <u>JAMES SNYDER</u>			13b. MOTHER'S MAIDEN NAME <u>DORIS LEE GROMER</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NOA2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JAMES SNYDER</u> ADDRESS <u>MILL CREEK, MO.</u>					
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>Meningococcemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____					
				II. 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 _____				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)					
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? <u>0571</u>					
22. I hereby certify that I attended the deceased from <u>4-22, 1955</u> , to <u>4-22, 1955</u> , that I last saw the deceased alive on <u>4-22, 1955</u> and that death occurred at <u>11:55 A.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>Chas. J. Herbeck</u> (Degree or title)				23b. ADDRESS <u>Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>4-23-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/23/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WHITENER CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>			
DATE REC'D BY LOCAL REG. <u>4-23-55</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Padaman</u>		ADDRESS <u>FREDERICKTOWN, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

