

FILED MAY 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12628

State File No.

BIRTH NO. 184 REG. DIST. NO. 006 PRIMARY REG. DIST. NO. 2042 Registrar's No. 23

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|---------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>MADISON</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 township) OR TOWN <u>FREDERICKTOWN</u> | | c. LENGTH OF STAY (in this place) <u>15 yrs</u> | 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 | | e. STREET ADDRESS (If rural, give location) <u>0621</u> | |

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|-----------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SAHAH</u> b. (Middle) <u>M.</u> c. (Last) <u>SNODGRASS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 30, 1953</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>JULY 30, 1879</u> | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR Months <u>8</u> Days <u>0</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 | | 11. BIRTH PLACE (City and State or Foreign Country) <u>Rolla, MO.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|--------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|--|-------------------------------------------------------------------------------|--|
| 13a. FATHER'S NAME <u>John Meade</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>TOKEY SNODGRASS</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ethel Hand Fredericktown</u> ADDRESS | |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension arteriosclerotic</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|--------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | 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) | 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 4/23, 1953 to 4/30, 1953, that I last saw the deceased alive on 4/30, 1953, and that death occurred at 11:30 AM, from the causes and on the date stated above.

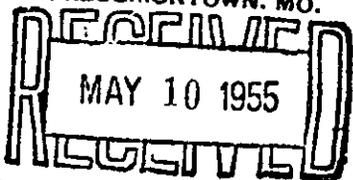
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|-------------------------------------------------------|---------------------------------------|--------------------------------|
| 23a. SIGNATURE <u>W. Woodman M.D.</u> (Name or title) | 23b. ADDRESS <u>Fredricks town Mo</u> | 23c. DATE SIGNED <u>5/1/53</u> |
|-------------------------------------------------------|---------------------------------------|--------------------------------|

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|---------------------------------------------------------|------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>MAY 3, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>CHRISTIAN</u> | 24d. LOCATION (City, town, or county) (State) <u>FREDERICKTOWN MO</u> |
|---------------------------------------------------------|------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------|

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|-----------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------|
| DATE REC'D BY LOCAL REG <u>5-2-1953</u> | REGISTRAR'S SIGNATURE <u>Therence Hicker</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u> ADDRESS <u>Blattweg</u> |
|-----------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------|

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 522-22

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 R. Caldwell

Licensed Embalmer No. 253

P. O. Address Flat R w

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.