

THE DIVISION OF HEALTH OF MISSOURI
FILED AUG 12 1955 STANDARD CERTIFICATE OF DEATH

21892

State File No.

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY Grundy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY Grundy

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton

c. CITY OR TOWN Trenton, Mo.

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: Wright Hospital

e. STREET ADDRESS (If rural, give location) 2625 Pleasant Plain Rd. 040-2

3. NAME OF DECEASED
a. (First) RUTH b. (Middle) BRYANT c. (Last) SNYDER

4. DATE OF DEATH (Month) 7 (Day) 30 (Year) 55

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 5/20/97

9. AGE (In years last birthday) 58 IF UNDER 1 YEAR: Months 2 Days 10 IF UNDER 12 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Trucking

11. BIRTHPLACE (City and State or Foreign Country) Mercer County, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME Oda Heasley

13b. MOTHER'S MAIDEN NAME Belinda

14. NAME OF HUSBAND OR WIFE Glen Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glen Snyder, 2625 Pl. Plain Rd.

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno Carcinoma of Stomach with metastases to liver
INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) 174X

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 NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1st, 1954, July 30th, 1955, that I last saw the deceased alive on July 30th, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Cliver F. Dushy, M.D. (I agree or title)

23b. ADDRESS Trenton Mo 23c. DATE SIGNED July 30th, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8/1/55

24c. NAME OF CEMETERY OR CREMATORY Martin Cemetery

24d. LOCATION (City, town, or county) (State) Lincoln Twp. Mo.

DATE REC'D BY LOCAL REG. 8-1-55

REGISTRAR'S SIGNATURE D. J. ...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. D. Gipson Trenton, Mo.

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Charles Hipson*

Licensed Embalmer No. *310*

P. O. Address *Porter*

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.