

STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 8 - 1955

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|--|--|--|--|---|--|---|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>137</u> | | PRIMARY REG. DIST. NO. <u>4214</u> | | Registrar's No. <u>33</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Deepwater</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Deepwater</u> | | d. STREET ADDRESS (If rural, give location) <u>0422D</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Snyder</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 1 1955</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH (Specify) <u>Aug 20-1870</u> | |
| 9. AGE (In years) <u>84</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u> IF UNDER 24 HRS. Hours <u>11</u> Min. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Bldg-Construction</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Columbus - Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | | 12a. FATHER'S NAME <u>John T. Snyder</u> | | 12b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 12c. NAME OF MUSBAND OR WIFE <u>Mary Snyder</u> | |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) <u>No</u> | | 14. SOCIAL SECURITY NO. <u>No.</u> | | 15. INFORMANT'S SIGNATURE OR NAME <u>Emma Bailed</u> | | | |
| 16. ADDRESS <u>Deepwater</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Death discovered Aug 2 1955</u> DUE TO (c) <u>4222</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 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 checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Death discovered Aug 2, 1955</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>D.R. Townsend</u> (Degree or title) <u>Deputy Coroner</u> | | | | 23b. ADDRESS <u>402 Deepwater Mo</u> | | 23c. DATE SIGNED <u>8-2-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8-2-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Deepwater Cemetery Deepwater Mo</u> | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. <u>8-2-55</u> | | REGISTRAR'S SIGNATURE <u>Florence Adam</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Pam Spust</u> | | ADDRESS <u>Deepwater Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Pam Hurst* _____

Licensed Embalmer No. *2782* _____

P. O. Address *Deerwater, 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.