

FILED SEP 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27028

State File No.

BIRTH NO. REG. DIST. NO. 4322 PRIMARY REG. DIST. NO. 210 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u>		c. LENGTH OF STAY (In this place) <u>4 wks</u>		c. CITY OR TOWN <u>Ravanna</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 <u>Lambert Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0653</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Snyder</u>			4. DATE OF DEATH (Month) <u>8</u> (Day) <u>29</u> (Year) <u>55</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 <u>Feb 23- 1873</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Daniel W. Snyder</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Van Buskirk</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Snyder</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-28-2253</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Paul Snyder Kirksville, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary insufficiency.</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary arterio sclerosis</u> DUE TO (c) <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS. <u>Generalized arterio sclerosis and senility</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>	
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) m.		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 <u>September 19 54</u> , to <u>Aug. 29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug 29</u> , 19 <u>55</u> , and that death occurred at <u>5:30 p m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Frank H Zalost md</u>				23b. ADDRESS <u>Princeton, Missouri</u>		23c. DATE SIGNED <u>8-30-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-31-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>8-30-55</u>		REGISTRAR'S SIGNATURE <u>Sheel Mary</u> 393		25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel Moss</u>		ADDRESS <u>Princeton, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 2 1958

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joel Mah.....

Licensed Embalmer No. 26.....

P. O. Address Pinetop.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.