

10. 300
0. 48

FILED SEP 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29546**

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 127

1. PLACE OF DEATH
a. COUNTY **Grundy**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Daviess**

b. CITY OR TOWN **Trenton** c. LENGTH OF STAY (in this place) **4 Mo. 11 Da.**

c. CITY OR TOWN **Rural Jackson Twp** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Cullers Hospital**

STREET ADDRESS (If rural, give location) **5 Miles S.W. Jamesport, Mo.**

3. NAME OF DECEASED
a. (First) **Mahlon** b. (Middle) **Elsworth** c. (Last) **Snider**

4. DATE OF DEATH **August 28 1955**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married**

8. DATE OF BIRTH **July 16 1883**

9. AGE (In years last birthday) **72**

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY **Farm Owner**

11. BIRTHPLACE (City and State or Foreign Country) **Daviess Co., Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Joseph Snider**

13b. MOTHER'S MAIDEN NAME **Lucy Youtsey**

14. NAME OF HUSBAND OR WIFE

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. **None**

17. INFORMANT'S SIGNATURE OR NAME **Sam Snider, Jamesport, Missouri** ADDRESS

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of Pericard**

INTERVAL BETWEEN ONSET AND DEATH **6 mo**

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) **179X**

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 **July 19 55**, to **Aug 28 19 55**, that I last saw the deceased alive on **Aug 28 19 55**, and that death occurred at **7:05P** m., from the causes and on the date stated above.

23a. SIGNATURE **E. J. ...** (Degree or title)

23b. ADDRESS **Trenton Mo**

23c. DATE SIGNED **8/30/55**

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

24b. DATE **8-30-1955**

24c. NAME OF CEMETERY OR CREMATORY **Clear Creek Cemetery**

24d. LOCATION (City, town, or county) (State) **Daviess Co., Missouri**

DATE REC'D BY LOCAL REG. **8/30/55**

REGISTRAR'S SIGNATURE **Dwight ...**

25. FUNERAL DIRECTOR'S SIGNATURE **L. O. ...** ADDRESS **Hope Funeral Home, Gallatin, Mo.**

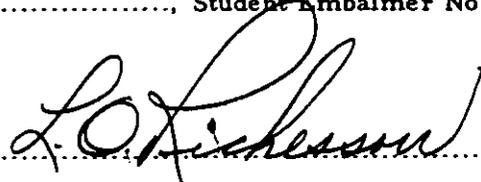
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 336

P. O. Address Gallatin

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.