

FILED DEC 5 1955
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH36209
State File No. 25

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>5189</u>		Registrar's No. <u>25</u>		
1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CAPE Gir</u>				
b. CITY (If outside of this state write RURAL and give township) OR TOWN <u>ADVANCE, WELCH TWP. 7 yw.</u>				c. CITY OR TOWN <u>ADVANCE</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RED #1</u>				STREET ADDRESS (If rural, give location) <u>RED #1</u> 0160				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>DALLAS</u> c. (Last) <u>SNIDER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 27-1955</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>APRIL 11-1872</u>		
9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>7</u>		11. DAYS <u>16</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WHITENATER MO</u>		
13a. FATHER'S NAME <u>GEORGE W. SNIDER</u>				13b. MOTHER'S MAIDEN NAME <u>NANCY J. SNIDER</u>		14. NAME OF HUSBAND OR WIFE <u>DOULE SNIDER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. J. F. Snider-LEPOLO</u> ADDRESS <u>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, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>4222</u> II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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 <u>Nov. 25</u> , 19 <u>55</u> , to <u>Nov. 27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov. 26</u> , 19 <u>55</u> and that death occurred at <u>?</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>E. C. Mottus M.D.</u>				23b. ADDRESS <u>Advance Mo.</u>		23c. DATE SIGNED <u>NOV. 29, 1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>NOV. 28-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PIPER P.C.M.</u>		24d. LOCATION (City, town, or county) (State) <u>WHITENATER MO</u>		
DATE REC'D BY LOCAL REG. <u>11-30-55</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u> 44-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Hubb-CHAFFEE 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 _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 381

P. O. Address Cape Girardeau

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.