

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36359

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>118</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Cooper</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. LENGTH OF STAY (In this place) <u>2 hrs.</u>		c. CITY OR TOWN <u>Pilot Grove</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>		e. STREET ADDRESS (If rural, give location) _____		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		0270	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
<u>WILLIAM-EDGAR-SNAPP.</u>			<u>Nov. 14-1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (By <u>347</u>) <u>Married</u>		8. DATE OF BIRTH <u>May-24-1906</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		9. AGE (In years last birthday) <u>49</u>		10. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. FATHER'S NAME <u>Lee Snapp</u>		10b. MOTHER'S MAIDEN NAME <u>Serena Hoston</u>		10c. NAME OF HUSBAND OR WIFE <u>Edith Snapp</u>			
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		12. SOCIAL SECURITY NO. <u>49616-1855E</u>		13. INFORMANT'S SIGNATURE OR NAME <u>Edith Snapp</u>		ADDRESS <u>Pilot Grove Mo</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE POSTERIOR MYOCARDIAL INFARCTION, POSTERIOR</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES <u>WITH SHOCK COUPLED RHYTHM AND VENTRICULAR FIBRILLATION</u>			
				DUE TO (b) <u>CORONARY ARTERIOSCLEROSIS</u>			
				DUE TO (c) <u>ASSOCIATED WITH GENERALIZED ARTERIOSCLEROSIS</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				ACUTE ANTEROLATERAL MYOCARDIAL INFARCTION			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20. INTERVAL BETWEEN ONSET AND DEATH <u>24 HRS.</u>			
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		21g. _____		21h. _____	
22. I hereby certify that I attended the deceased from <u>Nov. 14</u> , 19 <u>55</u> , to <u>Nov. 14</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov. 14</u> , 19 <u>55</u> , and that death occurred at <u>11 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William A. Absh, M.D.</u> (Degree or title)				23b. ADDRESS _____		23c. DATE SIGNED <u>11/17/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-17-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Geniusula Cem. Bleckwater Mo</u>		24d. LOCATION (City, town, or county) _____ (State) _____	
DATE REC'D BY LOCAL REG. <u>11/17/55</u>		REGISTRAR'S SIGNATURE <u>De Hooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays & Painter</u>		ADDRESS <u>Pilot Grove 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 *Rayton E. Hay*.....

Licensed Embalmer No. *307*.....

P. O. Address *Pilot Gro.*.....

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.