

STANDARD CERTIFICATE OF DEATH

State File No. **43165**

FILED JAN 10 1956

REG. DIST. NO. **340**PRIMARY REG. DIST. NO. **6152**Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter Liberty Twp.			c. LENGTH OF STAY (In this place) STAY			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Elk Twp)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sam Davis Hospital				d. STREET ADDRESS (If rural, give location) R. F. D. #1, Essex, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) Hacker		c. (Last) Snider		4. DATE OF DEATH (Month) (Day) (Year) Dec. 25, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 8, 1868	
9. AGE (In years last birthday) 87		10. UNDER 1 YEAR (Months) (Days) 0 17		11. BIRTHPLACE (City and State or Foreign Country) Union County, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME George W. Snider			13b. MOTHER'S MAIDEN NAME Malinda Godwin			14. NAME OF HUSBAND OR WIFE Laura (Dec'd)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. W. Snider, Essex, Mo. R. 1	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Due to cerebral hemorrhage DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331x			
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) (Min.)		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 Dec 15 , 1955, to Dec 25 , 1955, that I last saw the deceased alive on Dec 25 , 1955, and that death occurred at 3:40 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) S. S. Davis, M.D.				23b. ADDRESS Dexter, Mo.		23c. DATE SIGNED 12/25/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-27-55		24c. NAME OF CEMETERY OR CREMATORY Dexter		24d. LOCATION (City, town, or county) (State) Dexter, Missouri	
DATE REC'D BY LOCAL REG. 1-3-56		REGISTRAR'S SIGNATURE Dorinda V. Jarboe		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey, Dexter, Mo.			

(I, the undersigned, Emballer'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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.