

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1956

State File No. **43390**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **100**

1. PLACE OF DEATH a. COUNTY <b>Linn County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MARCELINE</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>MARCELINE</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>107- College</b>		STREET ADDRESS (If rural, give location) <b>058/0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b> b. (Middle) <b>Joseph</b> c. (Last) <b>Snider</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 22 1955</b>
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5. SEX <b>male</b>	16. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>April-11-1890</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 1 YEAR Days <b>11</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MARCELINE MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Phillip Snider</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH Elizabeth MARTIN</b>	14. NAME OF HUSBAND OR WIFE <b>ANDREAS. SNIDER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Clyde Snider</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular Accident</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive cardiovascular disease</b> DUE TO (c) <b>and generalized arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulm. Embolus hemiplegia, aphasia 443K</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Dec 6**, 19**55**, to **Dec 22**, 19**55**, that I last saw the deceased alive on **Dec 22**, 19**55**, and that death occurred at **2:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>George Gray</b>	(Degree or title)	23b. ADDRESS <b>Marceline Missouri</b>	23c. DATE SIGNED <b>12-23-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/26/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT Olive</b>	24d. LOCATION (City, town, or county) (State) <b>MARCELINE MO</b>
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DATE REC'D BY LOCAL REG. <b>12-23-55</b>	REGISTRAR'S SIGNATURE <b>Mary Jean [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Mables &amp; Jillette Marceline Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Libbey R. Tilletta*

Licensed Embalmer No. *4970*

P. O. Address *Marceline*

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.