

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6288 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Wright
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greovespring Rural
c. LENGTH OF STAY (in this place) 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION Route #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Wright
c. CITY OR TOWN Greovespring
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) Rural Route #1 1140

3. NAME OF DECEASED (Type or Print) a. (First) Seigle b. (Middle) General c. (Last) Snow 4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1956

5. SEX M 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH May 2, 1877 9. AGE (If born last birthday) 78 IF UNDER 1 YEAR Months 7 IF UNDER 24 HRS. Days 26 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTH PLACE (City and State or Foreign Country) Laclede Co. Mo. 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John Snow 13b. MOTHER'S MAIDEN NAME Sarah Steele 14. NAME OF HUSBAND OR WIFE Coley Agnes Snow

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Charley Snow ADDRESS Kansas City, Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Renal Disease
ANTECEDENT CAUSES (b) Disease DUE TO (c) _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH years

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) 442x

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 Aug 15, 1954 to Jan 28, 1956 that I last saw the deceased alive on Jan 10, 1956, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE W. W. Worthey DO. (Degree or title) 23b. ADDRESS Hartwell Mo. 23c. DATE SIGNED 1-30-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1/31/56 24c. NAME OF CEMETERY OR CREMATORY M. Bride Cemetery - Laclede Co. Mo. 24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. 2-10-56 REGISTRAR'S SIGNATURE C. J. Garner 46 25. FUNERAL DIRECTOR'S SIGNATURE Holman Funeral Home Lebanon Mo. ADDRESS _____

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

County File Number **256-19**
Date Filed **FEB 18 1958**

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 *Dorsey M. Howe*

Licensed Embalmer No. **422**

P. O. Address *Lebanon*

**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.**