

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21132**

FILED JUL 13 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3840** Registrar's No. **193**

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

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chillicothe</b>		c. LENGTH OF STAY (in this place) <b>20 yrs</b>	c. CITY OR TOWN <b>Chillicothe</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chillicothe Hospital</b>		• STREET ADDRESS (If rural, give location) <b>324 Clay St. 05970</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b> b. (Middle) <b>Emery</b> c. (Last) <b>Snare</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 4 56</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White (us)</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>3-14-1872</b>
9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hotel Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dawn, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Remick Snare</b>	
13b. MOTHER'S MAIDEN NAME <b>Melinda Parks</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>Henry L Snare, Chillicothe, Mo.</b>		ADDRESS _____	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Embolism</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>332X</b>	
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? _____			
22. I hereby certify that I attended the deceased from <b>6-30, 1956</b> , to <b>7-1, 1956</b> , that I last saw the deceased alive on <b>7-4, 1956</b> , and that death occurred at <b>11:45 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>M. E. Luett AO</b>		23b. ADDRESS <b>Chillicothe</b>	
23c. DATE SIGNED <b>7-6-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-7-56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Collor</b>		24d. LOCATION (City, town, or county) (State) <b>Near Dawn, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7/6/56</b>		REGISTRAR'S SIGNATURE <b>Francis B. Neid</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Norman Funeral Home</b>		ADDRESS <b>Chillicothe, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

**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 *Joseph M. Gibson*.....

Licensed Embalmer No. *4769*.....

P. O. Address *Chillicothe, Mo.*.....

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.