

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26362**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **86**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Clinton</b>                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b> |                                    |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Cameron</b> ) |  | c. LENGTH OF STAY (in this place) <b>9 Days</b>   | c. CITY OR TOWN <b>Pattonsburg</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cameron Community Hosp.</b>              |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>           |                                    |
|   |  | f. STREET ADDRESS (If rural, give location); <b>R. F. D. # 2</b>  |                                    |

|   |                               |   |   |   |  |
|---|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Daniel</b> b. (Middle) <b>J.</b> c. (Last) <b>Snider</b> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>August 23, 1956</b>               |   |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>Nov 8, 1880</b>   | 9. AGE (In years last birthday) <b>76</b> | IF UNDER 1 YEAR Months _____ Days _____    |
| 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>Land-owner</b>                   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Daviess County, Mo.</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME <b>Daniel P. Snider</b> | 13b. MOTHER'S MAIDEN NAME <b>Penelope Davis</b> | 14. NAME OF HUSBAND OR WIFE <b>Ruth Ester Snider</b> |
|--|---|--|

|   |  |  |         |
|---|--|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>497-40-7422</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Ruth Ester Snider, Rt. # 2, Pattonburg, Mo.</b> | ADDRESS |
|---|--|--|---------|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sepsis</b>                |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>DUE TO (b) <b>Sarcoma of Tongue with widespread metastasis</b> |  |                                  |
|   | DUE TO (c)  |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>141X</b> | 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) | 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 **8-15**, 19**56**, to **8-23**, 19**56**, that I last saw the deceased alive on **8-22**, 19**56** and that death occurred at **5:00 A.M.**, from the causes and on the date stated above.

|  |                                  |                                 |
|--|----------------------------------|---------------------------------|
| 23a. SIGNATURE <b>B. A. Compton M.D.</b> (Degree or title) | 23b. ADDRESS <b>Cameron, Mo.</b> | 23c. DATE SIGNED <b>8-25-56</b> |
|--|----------------------------------|---------------------------------|

|   |                            |   |  |
|---|----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>8-25-1956</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Civil Bend Christian Cem.</b> | 24d. LOCATION (City, town, or county) (State) <b>Pattonburg, Mo.</b> |
|---|----------------------------|---|--|

|   |  |  |                                |
|---|--|--|--------------------------------|
| DATE REC'D BY LOCAL REG. <b>8-27-56</b> | REGISTRAR'S SIGNATURE <b>Winifred W. Moser</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>James Lee B.</b> | ADDRESS <b>Pattonburg, Mo.</b> |
|---|--|--|--------------------------------|

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

SEP 6 1956

4561 62 1000

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 *Louis Ducet*.....

Licensed Embalmer No. *409*

P. O. Address *Palmer*

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.