

## STANDARD CERTIFICATE OF DEATH

State File No. **26465**

FILED SEP 10 1956

|                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                            |  |                                                                                                                                            |  |                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                                                                       |  | REG. DIST. NO. <u>109</u>                                                                                                                  |  | PRIMARY REG. DIST. NO. <u>4180</u>                                                                                                         |  | Registrar's No. <u>116</u>                                                          |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Dunklin</b>                                                                                                                                                                                                                                                         |  |                                                                                                                                            |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b> |  |                                                                                     |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Campbell</b>                                                                                                                                                                                                               |  | c. LENGTH OF STAY (In this place)<br><b>Life</b>                                                                                           |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Campbell</b>                                                    |  | d. STREET ADDRESS (If rural, give location)<br><b>802 Monroe</b>                    |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>802 Monroe</b>                                                                                                                                                                                                                                          |  |                                                                                                                                            |  |                                                                                                                                            |  |                                                                                     |  |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                                                                                                |  | a. (First)<br><b>HOWARD</b>                                                                                                                |  | b. (Middle)<br><b>LINDELL</b>                                                                                                              |  | c. (Last)<br><b>SNIDER</b>                                                          |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Aug. 29, 1956</b>                                                                                                                                                                                                                                      |  |                                                                                                                                            |  |                                                                                                                                            |  |                                                                                     |  |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                                                                                 |  | 6. COLOR OR RACE<br><b>White</b>                                                                                                           |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>                                                                   |  | 8. DATE OF BIRTH<br><b>Jan. 22, 1907</b>                                            |  |
| 9. AGE (In years last birthday)<br><b>49</b>                                                                                                                                                                                                                                                          |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Machinist</b>                             |  | 11. BIRTHPLACE (State or foreign country)<br><b>Campbell, Missouri</b>                                                                     |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                       |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Machinist</b>                                                                                                                                                                                       |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>General Motors</b>                                                                                 |  | 11. BIRTHPLACE (State or foreign country)<br><b>Campbell, Missouri</b>                                                                     |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                       |  |
| 13a. FATHER'S NAME<br><b>Joseph W. Snider</b>                                                                                                                                                                                                                                                         |  | 13b. MOTHER'S MAIDEN NAME<br><b>Alice Creath</b>                                                                                           |  | 14. NAME OF HUSBAND OR WIFE<br><b>Marie Snider</b>                                                                                         |  |                                                                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>No</b>                                                                                                                                                                                                                        |  | 16. SOCIAL SECURITY NO.<br><b>385-07-7215</b>                                                                                              |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Marie Snider, Campbell, Missouri</b>                                                               |  |                                                                                     |  |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death.                                                                       |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hodgkins Disease</b>                                                             |  |                                                                                                                                            |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 year +</b>                                 |  |
|                                                                                                                                                                                                                                                                                                       |  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>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                                                                                                           |  |                                                                                                                                            |  | 20. AUTOPSY?<br>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 <u>Sept 15<sup>th</sup>, 1955</u> , to <u>Aug 27<sup>th</sup>, 1956</u> , that I last saw the deceased alive on <u>Aug 27<sup>th</sup>, 1956</u> , and that death occurred at <u>12:40A.m.</u> , from the causes and on the date stated above. |  |                                                                                                                                            |  |                                                                                                                                            |  |                                                                                     |  |
| 23a. SIGNATURE<br><b>Wallace A. Belsky M.D.</b>                                                                                                                                                                                                                                                       |  |                                                                                                                                            |  | 23b. ADDRESS<br><b>Campbell - Mo.</b>                                                                                                      |  | 23c. DATE SIGNED<br><b>8/30/56</b>                                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                                                                                            |  | 24b. DATE<br><b>Aug. 31, 1956</b>                                                                                                          |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Woodlawn Cemetery</b>                                                                             |  | 24d. LOCATION (City, town, or county) (State)<br><b>Campbell, Missouri</b>          |  |
| DATE REC'D BY LOCAL REG.<br><b>8/31/1956</b>                                                                                                                                                                                                                                                          |  | REGISTRAR'S SIGNATURE<br><b>Miss [Signature]</b>                                                                                           |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Landess Funeral Home, Campbell, Mo.</b>                                                             |  |                                                                                     |  |

(Licensed/Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 9-4-52  
COUNTY FILE NUMBER 956-377

SEP 11 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*Christina M. Landers*

Licensed Embalmer No. 4227

P. O. Address *Campbell, 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 this body is not embalmed, fact should be so stated above.