

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29762

FILED OCT 3 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5087 Registrar's No. 196

4
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY AUDRAIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SALT RIVER TOWNSHIP		c. LENGTH OF STAY (in this place) 6 weeks	c. CITY OR TOWN LADDONIA d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION NEILL REST HOME		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) W. SNEDEKER	c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) 9-22-1956		5. SEX MALE 6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH March 1877	
9. AGE (in years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	
11. BIRTHPLACE (City and State or Foreign Country) BLOOMINGTON, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN SNEDEKER		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE DECEASED		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 486-30-7796 A/A		17. INFORMANT'S SIGNATURE OR NAME A. J. SNEDEKER ADDRESS 5920 Forest 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) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 instant	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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)		4201	
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?			
22. I hereby certify that I attended the deceased from <u>Sept 15</u> , 1956, to <u>Sept 22</u> , 1956, that I last saw the deceased alive on <u>Sept 22</u> , 1956, and that death occurred at <u>12⁰⁰</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE H. S. Lawrence (Degree or title) M.D.		23b. ADDRESS Missouri	
23c. DATE SIGNED 9-24-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-24-1956	
24c. NAME OF CEMETERY OR CREMATORY LADDONIA CEMETERY		24d. LOCATION (City, town, or county) (State) LADDONIA, MISSOURI	
DATE REC'D BY LOCAL REG. 9-24-1956		REGISTRAR'S SIGNATURE Blanche Kelly	
25. FUNERAL DIRECTOR'S SIGNATURE William Dumbhoff		ADDRESS Laddonia, Mo.	

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 *Clyde C. Vealkey*.....

Licensed Embalmer No. *382*.....

P. O. Address *Perry, N*.....

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.