

FILED OCT 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

34723

BIRTH NO.		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 3040		Registrar's No. 205	
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Livingston			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (In this place) 47 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		05-920	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1309 Springhill Rd.				d. STREET ADDRESS (If rural, give location) 1309 Springhill Rd.			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) IRVIN c. (Last) SNARE			4. DATE OF DEATH (Month) (Day) (Year) Oct. 18, 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 20, 1868	
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (ret.)		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and State or Foreign Country) Carroll County, Mo.	
12. CITIZENSHIP OF WHAT COUNTRY? USA		13a. FATHER'S NAME Remick Snare		13b. MOTHER'S MAIDEN NAME Melinda Parks		14. NAME OF HUSBAND OR WIFE Flora Snare	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No XX		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME Ronald Snare-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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary thrombosis</i> 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 2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1				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 Oct 17, 1956 to Oct 18, 1956, that I last saw the deceased alive on Oct 18, 1956, and that death occurred at 10 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>W. C. Carpenter M.D.</i>				23b. ADDRESS <i>Chillicothe Mo.</i>		23c. DATE SIGNED <i>10/19/56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Oct. 20, 1956		24c. NAME OF CEMETERY OR CREMATORY Collar cemetery		24d. LOCATION (City, town, or county) (State) Dawn, Mo.	
DATE REC'D BY LOCAL REG. 10/19/56		REGISTRAR'S SIGNATURE <i>Frances B. Hall</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Ronald Gordon Chillicothe Mo.</i>		

(Licensed Embalmer's Statement on Reverse Side)

RECORDING UNIT - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

Richard H Baudell

Licensed Embalmer No.

4866

P. O. Address

Chelmsford

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.