

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 19 1956

6005 State File No. **39077**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **292** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Ralls</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ralls</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New London</b>		c. CITY OR TOWN <b>New London</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) <b>RFD # 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Residence R R # 2 New London</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HARVEY</b> b. (Middle) <b>M</b> c. (Last) <b>SNELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>November 12, 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>July 13, 1876</b>	9. AGE (in years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>29</b>
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		11. BIRTHPLACE (City and State or Foreign Country) <b>Ralls County Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>					

13a. FATHER'S NAME <b>John Snell</b>		13b. MOTHER'S MAIDEN NAME <b>No Record</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. H. Mrs. Elsie Snell R D # 2</b>	
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. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Harvey M. Snell Hannibal Missouri</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Coronary Thrombosis</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		DUCE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUCE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (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 **Jan 10, 1956** to **Nov 11, 1956**, that I last saw the deceased alive on **Nov 11, 1956**, and that death occurred at **6 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. P. Hansen D.O.</b>		23b. ADDRESS <b>Frankford Mo. 64420</b>		23c. DATE SIGNED <b>Nov 12, 1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/14/1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Riverside Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Hannibal Missouri</b>	

DATE REC'D BY LOCAL REG. <b>11/17/56</b>		REGISTRAR'S SIGNATURE <b>Clyde C Willey</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hannibal Missouri</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
*John S. Young*

Licensed Embalmer No.....4540

P. O. Address.....Hannibal Mi

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.