

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40323**

FILED NOV 30 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **391** PRIMARY REG. DIST. NO. **4504** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Advance,</b>	c. LENGTH OF STAY (In this place) <b>17 yrs.</b>	c. CITY OR TOWN <b>Advance,</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Advance, Missouri</b>		f. STREET ADDRESS (If rural, give location) <b>Advance, Missouri</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edgar</b>	b. (Middle) <b>Vern</b>	c. (Last) <b>Snyder</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 13, 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>May 22, 1880</b>
9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>21</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carpenter</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Effingham, county, Ind.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Thomas Snyder</b>	13b. MOTHER'S MAIDEN NAME <b>Not Known</b>	14. NAME OF HUSBAND OR WIFE <b>Lillie Snyder</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>none</b>	16. SOCIAL SECURITY NO. <b>343 12 5506</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lillie Snyder, Advance, Mo.</b>	ADDRESS <b></b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchitis pneumonia</b>		<b>4-6 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinomatous</b> DUE TO (c) <b>probably of Colon</b>		<b>1-2 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Aug 1956 to Oct. 1956**, 1956 that I last saw the deceased alive on **Oct 8**, 1956, and that death occurred at **7:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Stephen Baker MD</b> (Degree or Title)	23b. ADDRESS <b>Bloomfield Mo</b>	23c. DATE SIGNED <b>10-22-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>10-16-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Morgan Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Advance, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10/27/56</b>	REGISTRAR'S SIGNATURE <b>Bernice Moore</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Morgan, Advance, Mo</b>	ADDRESS <b></b>
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WRITE PLAINLY—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.....  
Signature of Student Embalmer

Signed..... *Wm H Morgan*  
Licensed Embalmer No. *464*

P. O. Address..... *Advan*

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.