

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 4513		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green Castle			c. LENGTH OF STAY (in this place) 32 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green Castle			1050
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Green Castle				d. STREET ADDRESS (If rural, give location) No street address			
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) Hiram		c. (Last) Snyder		4. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 1, 1868		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. farming		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	0
13a. FATHER'S NAME John Snyder			13b. MOTHER'S MAIDEN NAME Sarah Burchett		14. NAME OF HUSBAND OR WIFE Areena Alice Snyder		
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Areena Snyder, Green Castle Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis		5 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c) _____		331X	
19a. DATE OF OPERATION None		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) _____		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 March , 1956 to April 8 , 1956 that I last saw the deceased alive on Nov 18, 1956 and that death occurred at 6 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Deponent's title) L. A. Garrison M.D.				23b. ADDRESS Nowinger Mo. 11-20-56		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 21, 1956	24c. NAME OF CEMETERY OR CREMATORY Green Castle Cemetery		24d. LOCATION (City, town, or county) (State) Green Castle, Mo.		
DATE REC'D BY LOCAL REG. 11-27-56		REGISTRAR'S SIGNATURE Mrs. M. W. Beckett		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Kent & Son, Green City, Mo.			

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

JUN 19 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Earl P. Kent

Licensed Embalmer No.

4689

P. O. Address

Green City, 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.