

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41907

STATE FILE NUMBER

FILED DEC 31 1956

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 562

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSP.		Length of stay in 1b 15 YRS.	d. STREET ADDRESS (If outside, give location) 1916 HARLEM AVE.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) WILLIAM First L. Middle SNEAD Last			4. DATE OF DEATH DEC. 17, 1956 Month DEC. Day 17, Year 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 15, 1894	9. AGE (In years last birthday) 62 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER & OPERATOR OF REAL ESTATE BUSINESS		10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE BUSINESS		11. BIRTHPLACE (City and state or country) MILLER, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME JAMES A. SNEAD		
14. MOTHER'S MAIDEN NAME HARRITT SCHAFER			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, say on unknown) (If yes, give year or dates of service) YES W.W.		
16. SOCIAL SECURITY NO. W.W.			17. INFORMANT Address MRS. JEWELL SNEAD, 1916 HARLEM		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1 Bilateral fracture petrous portion of temporal bone in middle cranial fossa DUE TO (b) 2 Fracture of temporal lobe base. DUE TO (c) 3 Submeningeal hemorrhage free blood in cranial cavity					INTERVAL BETWEEN ONSET AND DEATH 10 minutes approximately
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Increased intracranial pressure secondary to hemorrhage of mass lesion.					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Struck at intersection by truck driven by Johnny Paul in south + Seneca Ave. (Corner jury verdict.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street intersection			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Joplin		20g. COUNTY STATE Jasper Mo.	
21. I attended the deceased from slide, non-accident and last saw her/him alive on Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W. W. Jewell, M.D. Corner Jasper Court			22b. ADDRESS First Nat'l Bldg - Joplin		22c. DATE SIGNED 12-20-56
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12/20/56	23c. NAME OF CEMETERY OR CREMATORY RED OAK		23d. LOCATION (City, town, or county) (State) MILLER, MO.
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.			25. DATE RECD. BY LOCAL REG. 12-26-56		26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

th, wife, public, vice

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms were observed. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

County File Number 56-12-1029
Date Filed DEC 20 1956

JAN 30 1958
MAY 20 1957

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... *F. M. Jones*
Licensed Embalmer No. 231

P. O. Address *Jap. Lin.*

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.