

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**361**

**FILED FEB 4 1957**

STATE FILE NUMBER

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **93**

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)		
a. COUNTY <b>Buchanan</b>			a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hosp. #2</b>		Length of stay in 1b <b>3 yr. 6mo. 10da</b>	d. STREET ADDRESS (If outside, give location) <b>808 S. 24th St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>3. NAME OF DECEASED</b> (Type or print)			<b>4. DATE OF DEATH</b>		
First <b>WILLIAM</b> Middle <b>MALCOM</b> Last <b>SNUFFER</b>			Month <b>Jan</b> Day <b>25</b> Year <b>1957</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED / <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 24, 1880</b>		9. AGE (In years last birthday) <b>76</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad Co.</b>	11. BIRTHPLACE (City and state or country) <b>Union Star, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Newton Alfred Snuffer</b>			14. MOTHER'S MAIDEN NAME <b>Laura Cogdill</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>500-07-0215</b>	17. INFORMANT <b>Mrs. William Snuffer, 808 S24th St. Joseph, Mo.</b>		
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).]					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>sytopic stenosis</b>					<b>chronic</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					<b>10 years</b>
DUE TO (b) <b>arteriosclerosis</b>					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <b>1/25/1957</b> to <b>1/25/1957</b> and last saw her <sup>her</sup> him <sub>him</sub> alive on <b>1/25/1957</b> Death occurred at <b>10:30p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>G. E. Gossins M.D.</b> (Degree or title)			22b. ADDRESS <b>State Hosp #2., City</b>		22c. DATE SIGNED <b>1-28-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>1/29/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Frazer Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Buchanan County, Mo.</b>	
24. FUNERAL DIRECTOR <b>Newton Brown</b> ADDRESS <b>St Joseph Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Jan 30, 1957</b>		26. REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

(Licensed Embalmer's Statement on Reverse Side)

FEB 11 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.....  
*Eugene Wood*

Licensed Embalmer No. 380

P. O. Address 319 So 15th St, Okla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.