

FILED FEB 11 1957

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

1025

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>2000</b>		Registrar's No. <b>118</b>	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) --a. STATE <b>Missouri</b> b. COUNTY <b>Webster</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place) .....		c. CITY OR TOWN <b>Marshfield</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>OZARK OSTEOPATHIC HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>443 W. Jackson</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clara Caestine</b> b. (Middle) <b>Snider</b> c. (Last) .....				4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 30, 1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 23, 1880</b>	
9. AGE (In years last birthday) <b>76</b>		10. IF UNDER 1 YEAR <b>7</b> Months <b>7</b> Days		11. IF UNDER 1 HRS. <b>7</b> Hours <b>7</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Webster County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>William Emerson</b>		13b. MOTHER'S MAIDEN NAME <b>Sara Minor</b>		14. NAME OF HUSBAND OR WIFE .....			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-07-1099</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Elmer Harrah, Sedalia, Missouri</b> ADDRESS .....			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Toxemia and circulatory failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Empyema of the gall bladder</b> DUE TO (c) <b>acute cholecystolithiasis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>hypertensive heart disease and arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH .....	
19a. DATE OF OPERATION .....		19b. MAJOR FINDINGS OF OPERATION .....		20. AUTOPSY? <b>584x</b> YES <input checked="" type="checkbox"/> NO <input 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) (Min.) .....		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 <b>1/28/57</b> , 19 <b>57</b> , to <b>1/30/57</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>1/30/57</b> , 19 <b>57</b> , and that death occurred at <b>9:13 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Seland EW et al DO2</b>				23b. ADDRESS <b>700 E. Sunshine, Springfield, Mo.</b>		23c. DATE SIGNED <b>1/31/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-2-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MARSHFIELD</b>		24d. LOCATION (City, town, or county) (State) <b>MARSHFIELD MO</b>	
DATE REC'D BY LOCAL REG. <b>2-4-57</b>		REGISTRAR'S SIGNATURE <b>Paish Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>BARBER-EDWARDS</b> ADDRESS <b>MARSHFIELD</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

ATTENTION CHITANOST TO REAST

### 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.....*R. W. Barker*.....

Licensed Embalmer No. *3848*

P. O. Address *Mt. View, N. C.*

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.