

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9249

STATE FILE NUMBER

FILED APR 8 - 1957

Registration District No.

174

Primary Registration District No.

5644

Registrar's No.

45

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lexington</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Odessa</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <b>Goodloe Rest Home</b>				Length of stay in lb <b>2 yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>4 miles north</b>	
3. NAME OF DECEASED (Type or print) First <b>Delbert</b> Middle <b>Ernest</b> Last <b>Snider</b>				4. DATE OF DEATH Month <b>March</b> Day <b>18</b> Year <b>1957</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>April 18, 1880</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		9. AGE (In years last birthday) <b>76</b>	
11. BIRTHPLACE (City and state or country) <b>Jackson County, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>Jonathan Snider</b>				14. MOTHER'S MAIDEN NAME <b>Mary Surface</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>332x</b>		17. INFORMANT <b>George Snider, Lexington, Missouri</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized 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) _____							
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 _____ 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 <b>Odessa, Missouri</b>			
21. I attended the deceased from <b>June 1955</b> to <b>March 18-57</b> last saw him alive on <b>March 12-57</b> Death occurred at <b>3:00 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>W. Koppens</b> (Degree or title) <b>MD</b>				22b. ADDRESS <b>Higginsville Mo</b>		22c. DATE SIGNED <b>3-22-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>March 20, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Barker</b>		23d. LOCATION (City, town, or county) (State) <b>Odessa, Missouri</b>	
24. FUNERAL DIRECTOR <b>Harold F. Tempel, Lexington, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>4-5-57</b>		26. REGISTRAR'S SIGNATURE <b>Marion Z. Eastland</b>	

(Licensed Embalmer's Statement on Reverse Side)

# 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.....

Licensed Embalmer No. 298

P. O. Address.....  
Livingston, Ill.

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