

FILED MAY 13 1957

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 12395

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>251</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>8 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		d. STREET ADDRESS (If rural, give location) <u>1000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southern Mo Hosp</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>IRENE</u> b. (Middle) <u>(N.M.N.)</u> c. (Last) <u>SNEED</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 3, 1957</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 5, 1891</u>	
9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (State or foreign country) <u>Crittenden Kentucky</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Jerry Hardisty</u>			13b. MOTHER'S MAIDEN NAME <u>Helen Melligan</u>			14. NAME OF HUSBAND OR WIFE <u>John V. Sneed</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John V. Sneed Boonville Mo</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Posterior Myocardial infarction 3 wks</u> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		20. AUTOPSY? <u>2</u> 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) m.		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 <u>March, 1956</u> , to <u>May 3, 1957</u> , that I last saw the deceased alive on <u>May 3, 1957</u> , and that death occurred at <u>8:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Jordan M. Kennelly, M.D.</u>			23b. ADDRESS <u>Cape Girardeau, Mo.</u>			23c. DATE SIGNED <u>5-4-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-6-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lightner Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Illmo, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-6-57</u>		REGISTRAR'S SIGNATURE <u>P. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Crylinghoff Funeral Home Illmo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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MAY 14 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 .....  
Student Embalmer

Signed Oliver Carmichael

Licensed Embalmer No. 4470

P. O. Address Bellevue, 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.