

12735

FILED APR 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 5446 Registrar's No. 60Health,
Welfare
Public
Service300
1-56All
symptoms will be listed.

Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Securing the medical certification in the space provided is the responsibility of the medical certifier.

5420

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cooper Twp Inside Limits Yes ☐ No ☒				c. CITY OR TOWN Rural Inside Limits Yes ☐ No ☒			
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION N.W. Of Darlington 5 miles Length of stay in lb 8 mos				d. STREET ADDRESS (If outside, give location) N. W. Of Darlington Reside on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) Mr. Joe Miloie Snodgrass First Joe Middle Miloie Last Snodgrass				4. DATE OF DEATH Apr. 15 1957 Month Apr Day 15 Year 1957			
5. SEX male		6. COLOR OR RACE white		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH Sept 3 1888 Age (In years last birthday) 68	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 68 Days 68 Hours 68 Min. 68		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (City and state or country) Craig, Mo.				12. CITIZEN OF WHAT COUNTRY? U. S. A			
13. FATHER'S NAME Wm. Snodgrass				14. MOTHER'S MAIDEN NAME Adeline Osborn			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW 1 1917-1919				16. SOCIAL SECURITY NO. 513 -07 -7233			
17. INFORMANT Mrs. Marie Snodgrass				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Pulmonary Fibrosis with Severe pulmonary emphysema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (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) Arteriosclerotic Cardiovascular Disease						INTERVAL BETWEEN ONSET AND DEATH 5yrs	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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. _____ Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		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 Jan. '57 to Apr. 15, '57 and last saw him alive on Apr 15, '57 Death occurred at 8.30 A. M m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Frank B. Peterson MD				22b. ADDRESS GRANT CITY, MISSOURI		22c. DATE SIGNED 4/17/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4/17/57		23c. NAME OF CEMETERY OR CREMATORY High Ridge		23d. LOCATION (City, town, or county) (State) Stanberry - Gentry - Mo.	
24. FUNERAL DIRECTOR ADDRESS Phillips Mortuary Stanberry Mo.				25. DATE RECD. BY LOCAL REG. Mo. 4-21-57		26. REGISTRAR'S SIGNATURE Mrs. L.W. Bare	

(Licensed Embalmer's Statement on Reverse Side)

MAY 13 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 Larry J. Phulley
Licensed Embalmer No. 189

P. O. Address Stonheim

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.

~~St. Joseph's Mortuary, Grant City~~