

Dr. Schwartz				THE DIVISION OF HEALTH OF MISSOURI				12840			
FILED MAY 6 - 1957				STANDARD CERTIFICATE OF DEATH				STATE FILE NUMBER			
Registration District No. 128				Primary Registration District No. 2000				Registrar's No. 398			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
a. COUNTY <u>Greene</u>				a. STATE <u>Missouri</u>				b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>				Inside Limits Yes ☒ No ☐				c. CITY OR TOWN <u>Monett</u>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hosp.</u>				Length of stay in lb <u>2 days</u>				d. STREET ADDRESS <u>814 4th.</u>			
4. DATE OF DEATH				Month Day Year							
First Middle Last				Month Day Year							
3. NAME OF DECEASED (Type or print)				First Middle Last				4. DATE OF DEATH			
<u>Gary Gene Snider</u>				<u>Apr. 25 1957</u>							
5. SEX ☒ Male ☐ Female		6. COLOR OR RACE <u>White</u>		7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR OF UNDER 24 HRS.	
<u>Male</u>		<u>White</u>				<u>Apr. 26, 1955</u>		<u>1</u>		<u>11 29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country)			
<u>Child</u>				<u>Child</u>				<u>Monett, Mo.</u>			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME							
<u>Billy Gene Snider</u>				<u>Shirley Johnson</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT Address			
<u>No</u>				<u>None</u>				<u>Billy Gene Snider Monett, Mo.</u>			
18. CAUSE OF DEATH [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) <u>Acute Hepatitis, Cause unknown</u>										<u>6 days</u>	
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)										19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐	
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 <u>4-24-57</u> to <u>4-25-57</u> and last saw <u>him</u> alive on <u>4-25-57</u>											
Death occurred at <u>8:50 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title)										22b. ADDRESS	
<u>E. J. Schwartz M.D.</u>										<u>609 Cherry, Springfield Mo.</u>	
22c. DATE SIGNED										<u>4-27-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)			
<u>Burial</u>		<u>4-27-1957</u>		<u>I.O.O.F. Cenetry</u>		<u>Monett</u>		<u>Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.				26. REGISTRAR'S SIGNATURE			
<u>Mercer Funeral Home Monett, Mo.</u>				<u>4-5-1-57</u>				<u>Wm. Williamson</u>			
(Licensed Embolmer'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.....

Roy H. Mercer

Licensed Embalmer No.. 4432.

P. O. Address Monett, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.