

FILED MAY 22 1957

STANDARD CERTIFICATE OF DEATH

57 017943

STATE FILE NUMBER

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 182

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion <input checked="" type="checkbox"/>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital		Length of stay in 1b	d. STREET ADDRESS 406 North Street		
3. NAME OF DECEASED (Type or print) HOWARD E SNOGRASS			4. DATE OF DEATH May 10, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH December 20, 1888	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 4 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Letter Carrier		10b. KIND OF BUSINESS OR INDUSTRY U.S.	11. BIRTHPLACE (City and state or country) Plainville Illinois		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Thomas Snodgrass			14. MOTHER'S MAIDEN NAME Henrietta Clark		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Howard E. Snodgrass Hannibal Missouri		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Perennial Pneumonia					INTERVAL BETWEEN ONSET AND DEATH 2 days 5
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Enlarged Prostate & Urinary Retention 6 months					DUE TO (c) Traumatic Retention
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 610X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year 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		COUNTY STATE
21. I attended the deceased from Jan - 27 to May 10 - 57 and last saw ^{her} him alive on May 10 - 57 Death occurred at 10:25 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE A. Francis (Degree or title)			22b. ADDRESS Hannibal Mo		22c. DATE SIGNED 5-11-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/13/1957	23c. NAME OF CEMETERY OR CREMATORY Bowling Green		23d. LOCATION (City, town, or county) (State) Bowling Green Missouri	
24. FUNERAL DIRECTOR H. C. Crawford		ADDRESS Hannibal Missouri	25. DATE RECD. BY LOCAL REG. 5-13-57	26. REGISTRAR'S SIGNATURE H. E. M. Tucker by W. C. Tucker	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare Public Service

S. 300
7. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

RECEIVED MAY 21 1957
MARION CO. HEALTH DEPT.
DATE FILED MAY 21 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.....
H. Cracford Smith

Licensed Embalmer No....3814.

P. O. Address..Hannibal Mis.

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.