No. 300
10-48

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23401

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5003 Registrar's No. 254

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Morrow Twp.
c. LENGTH OF STAY (in this place) 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 3 mi. E. Green Castle

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Adair
c. CITY OR TOWN Green Castle
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) 3 mi. E. of Green Castle

3. NAME OF DECEASED (Type or Print)
a. (First) Elmer
b. (Middle) ------
c. (Last) Snyder

4. DATE OF DEATH (Month) (Day) (Year) July 11, 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3-11-1888
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming
11. BIRTHPLACE (City and State or Foreign Country) Missouri, Green Castle
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Samuel Snyder
13b. MOTHER'S MAIDEN NAME Nancy Bishop
14. NAME OF HUSBAND OR WIFE Bertha Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---------
16. SOCIAL SECURITY NO. 486-42-0240
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gordon Snyder, Green Castle, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure (Presumptive)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion
DUE TO (c) Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4200
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 11, 19 57, *to* July 11, 19 57, *that I last saw the deceased alive on* dead on arrival, 19__, *and that death occurred at* 5:40p *m., from the causes and on the date stated above.*

23a. SIGNATURE R. W. Duncan Tilega (Degree or title) D.O.
23b. ADDRESS 800 - N. Jefferson. Kirksville
23c. DATE SIGNED 7/15/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-14-1957
24c. NAME OF CEMETERY OR CREMATORY Green Castle Cemetery
24d. LOCATION (City, town, or county) (State) Green Castle, Mo.

DATE REC'D BY LOCAL REG. July 17, 1957
REGISTRAR'S SIGNATURE Doris W. Ratliff
25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Kent & Son ADDRESS Green City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Karl R. Kent

Licensed Embalmer No. 468

P. O. Address Green Cit

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