

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23565

STATE FILE NUMBER

FILED AUG 5 1957

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RANDOLPH</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CENTRALIA</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>MOBERLY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HULEN NURSING HOME</u>		Length of stay in lb <u>3 MO.</u>	d. STREET ADDRESS (If outside, give location) <u>FISIC AVE. ROAD</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>BERTHA</u> Middle <u>-</u> Last <u>SNYDER</u>			4. DATE OF DEATH Month <u>JULY</u> Day <u>25</u> Year <u>1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>ST LOUIS MO 7-1970</u>		9. AGE (In years last birthday) <u>87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		100. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13. FATHER'S NAME <u>BROCKMAN</u>			14. MOTHER'S MAIDEN NAME <u>-</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>-</u>	17. INFORMANT Address <u>HAROLD BECK - OCEAN SPRINGS, MISS.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease with chronic heart failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>months</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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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 <u>6/7/57</u> to <u>7/23/57</u> and last saw her/him alive on <u>7/23/57</u> Death occurred at <u>2:35</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Legible or title) <u>Robert J. Ward MD</u>			22b. ADDRESS <u>Centralia, Mo.</u>		22c. DATE SIGNED <u>7/26/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 27-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAKLAND</u>		23d. LOCATION (City, town, or county) (State) <u>MOBERLY MO</u>
24. FUNERAL DIRECTOR <u>MAHAN-FUN'L SERVICE - MOBERLY</u>		25. DATE RECD. BY LOCAL REG. <u>July 29-1957</u>		26. REGISTRAR'S SIGNATURE <u>Maud Mrs. Bride</u>	

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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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John A Green*

Licensed Embalmer No. *38*

P. O. Address *MOBILE*

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