

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36963

STATE FILE NUMBER

FILED NOV 13 1957

Registration District No. 291 Primary Registration District No. 5989 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Livonia		c. CITY OR TOWN Livonia <i>0862</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b life		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Cowden Middle Snedigar Last Snedigar			4. DATE OF DEATH Month Nov. Day 1. Year 1957
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 12, 1879
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 9 Days 19	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Putnam Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Hodges Cithlum	
14. MOTHER'S MAIDEN NAME Matilda Beard		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Eldon Snedigar <i>Livonia, Mo</i>	
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 Carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of uterus DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH weeks 18 months
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		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 _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____	
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 9-12-55 to 11-1-57 and last saw her ^{her} him alive on 11-1-57 Death occurred at 3:10 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>H.P. Stotter</i>		22b. ADDRESS <i>Unionville, Missouri</i>	
22c. DATE SIGNED 11-3-57		23a. LOCATION (City, town, or county) (State) Livonia, Mo.	
23b. DATE Nov. 1, 1957		23c. NAME OF CEMETERY OR CREMATORY St. John Cem.	
23d. BURIAL, CREMATION, REMOVAL (Specify) B.		24. FUNERAL DIRECTOR <i>H.P. Stotter</i>	
25. DATE RECD. BY LOCAL REG. 11-9-1957		26. REGISTRAR'S SIGNATURE <i>Marell J. ...</i>	

1957 DEC 9 6 30

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 *G.O. Hursted*

Licensed Embalmer No. *291*
P.O. Address *Winnonville*

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.