

FILED FEB 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

537

STATE FILE NUMBER

Registration District No. 55

Primary Registration District No. 3011

Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carrollton</u> Inside Limits Yes ☒ No ☐		c. CITY OR TOWN <u>Carrollton</u> 0170 Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Staten Hosp.</u> Length of stay in lb <u>3 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>603 E. Benton</u> Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED First <u>JAMES</u> Middle <u>BURTON</u> Last <u>SNIDER</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>3</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH <u>Oct. 7 1877</u>
9. AGE (In years, last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	
11. BIRTHPLACE (City and state or country) <u>Lexington Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John J. Snider</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Snider</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>495-42-6039</u>	
17. INFORMANT <u>Mrs. Morris Carter</u>		Address <u>Carrollton Mo.</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>Large brain aneurysm</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>hypertension</u> DUE TO (c) <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 da</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u>		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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>			
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>Jan. 25/58</u> to <u>Dec. 3/58</u> and last saw him alive on <u>Dec. 3/58</u> Death occurred at <u>11:45 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. Hamilton Staten M.D.</u>		22b. ADDRESS <u>Carrollton, Mo.</u>	
22c. DATE SIGNED <u>Feb 4/58</u>			
23. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u>		23b. DATE <u>2-5-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>		23d. LOCATION (City, town, or county) <u>Carrollton Mo.</u>	
24. FUNERAL DIRECTOR <u>Stanley Gibson</u>		ADDRESS <u>Carrollton Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>2-5-58</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Herbert Carter</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Ben W. Gibson

Licensed Embalmer No. 2961
P. O. Address Carrollton

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.