

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

988

State File No.

FILED JAN 20 1958

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Mtn Grove, Springfield</u>		c. LENGTH OF STAY (in this place) <u>2 ds</u>		c. CITY OR TOWN <u>Mtn Grove</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>east 2nd 1140</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mamie</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Sneiderman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 9, 1958</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 18, 1887</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>7</u>		IF UNDER 1 YEAR Days <u>21</u>		IF UNDER 1 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>?</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dysart, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Gus Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Kahl</u>			14. NAME OF HUSBAND OR WIFE <u>H. J. Sneiderman</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herman Sneiderman Houston, Missouri</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
ANTECEDENT CAUSES							
Morbid conditions, if any, giving DUE TO (b) _____							
rise to the above cause (a) stating the underlying cause last.							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>4200</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Jan 7</u> , 19 <u>58</u> , to <u>Jan 9</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>Jan 8</u> , 19 <u>58</u> , and that death occurred at <u>3:50 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>James P. Good</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>1-8-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan 9, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>Mountain Grove</u>	
DATE REC'D BY LOCAL REG. <u>1-13-58</u>		REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas. W. Wills, Jr., Secy. No.</u>			

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

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 *Frank Geable*

Licensed Embalmer No. *4181*

P. O. Address *12th St*

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.

Frank Geable