

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1791

STATE FILE NUMBER

FILED JAN 21 1958

Registration District No. 166 Primary Registration District No. 5603 Registrar's No. 1

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)			
a. COUNTY <u>Johnson</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Knob Noster</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Johnson</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Knob Noster Mo</u>		Length of stay in lb <u>24 hrs</u>		c. CITY OR TOWN <u>Knob Noster</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>GEORGIA</u>		Middle <u>ANN</u>		Last <u>SNOW</u>		Month <u>Jan</u> Day <u>10</u> Year <u>1958</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 20-1876</u>		9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Mont Hope Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Albert Robertson</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Bybee</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>None</u>		17. INFORMANT Address <u>Mrs Elyse Jarman Holden Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
DUE TO (b) <input type="checkbox"/>							
DUE TO (c) <input checked="" type="checkbox"/>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Knob Noster</u>		20f. CITY, TOWN, OR LOCATION <u>Johnson, Mo</u>		STATE	
21. I attended the deceased from <u>Jan 10-58</u> to <u>Jan 10-58</u> and last saw <u>him</u> alive on <u>Jan 10-58</u> . Death occurred at <u>1:45</u> <u>pm</u> on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) <u>H. W. Lewis M.D.</u>				22b. ADDRESS <u>Knob Noster</u>		22c. DATE SIGNED <u>Jan 12-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan 12-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>King's Spring Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Kingessville, Mo</u>		
24. FUNERAL DIRECTOR <u>Canada</u>		ADDRESS <u>Ray Holden Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 12-58</u>		26. REGISTRAR'S SIGNATURE <u>Conna L. Betty</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
W. L. Conaway

Licensed Embalmer No. *34*

P. O. Address *Halden*

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.