

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008704  
STATE FILE NUMBER

FILED APR 10 1958

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Mexico</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Phillips Nursing Home</b>		Length of stay in hospital <b>51 days</b>	d. STREET ADDRESS (If outside, give location) <b>307 N. Washington</b>
3. NAME OF DECEASED (Type or print) First <b>Ida</b> Middle <b>May</b> Last <b>Snow</b>			4. DATE OF DEATH Month <b>March</b> Day <b>26</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 2, 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and state or country) <b>Mason County Mo</b>
13a. FATHER'S NAME <b>William Henry Combes</b>		13b. MOTHER'S MAIDEN NAME <b>Lou Emma Snow</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Ed. Snow</b> Address <b>Mexico Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular accident</b> DUE TO (b) <b>Cerebral arteriosclerosis</b> DUE TO (c) <b>331X</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not stating the terminal disease condition given in PART I (a) <b>Diabetes Mellitus</b>			INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b> <b>many years</b>
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 _____ am. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>12-28-57</b> to <b>3-28-58</b> and last saw her alive on <b>3-27-58</b> Death occurred at <b>3:40 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In case of title) <b>Leonard Snow Jr M D</b>		22b. ADDRESS <b>Mexico Mo</b>	22c. DATE SIGNED <b>3-29-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/30/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Callaway Memorial Gardens</b>	23d. LOCATION (City, town, or county) (State) <b>Fulton, Mo.</b>
24. FUNERAL DIRECTOR <b>Mansin Funeral Home</b> ADDRESS <b>Fulton Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>March 30 1958</b>	26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.  
 Doctor, coroner, etc., must use only black ink.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.  
 MEDICAL CERTIFICATION

2098

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 *[Handwritten Signature]* .....

Licensed Embalmer No. *3722* ..... P. O. Address *[Handwritten Address]* .....

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.