

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008733
STATE FILE NUMBER

FILED APR 2 1958

Registration District No. 13 Primary Registration District No. 5060 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Barry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pioneer</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Purdy</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>His Home</u>		Length of stay in 1b <u>7 year</u>	d. STREET ADDRESS (If outside, give location) <u>RFD</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Harvey</u> Middle <u>Elston</u> Last <u>Snyder</u>			4. DATE OF DEATH Month <u>March</u> Day <u>20</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 14-1899</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Lewis A Snyder</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Ellen Sanford</u>		14. NAME OF HUSBAND OR WIFE <u>Mathie Snyder</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes. 7-26-1918 to 9-29-1919</u>		16. SOCIAL SECURITY NO. <u>493-16-1847</u>	17. INFORMANT Address <u>Mathie Snyder Purdy Mo R.F.D.</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>Myocardial failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Acute myocarditis</u> DUE TO (c) <u>431X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Only a few minutes</u> <u>Approximate</u> <u>8 weeks</u>
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 <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>			20d. INJURY OCCURRED WHILE AT <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 <u>2-15-58</u> to <u>3-20-58</u> and last saw him XXX alive on <u>3-11-58</u> Death occurred at <u>8 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>			22b. ADDRESS <u>410 Jackson, Joplin, Mo.</u>		22c. DATE SIGNED <u>3-22-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>March-24-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Anderson Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Anderson Missouri</u>		
24. FUNERAL DIRECTOR <u>McQueen Funeral Home</u> ADDRESS <u>Wheaton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-26-58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. P. A. Cook</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 358-74

DATE REC. 3-30-58

APR 4 1958

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 Paul D. Henbest

- Licensed Embalmer No. 4576.....
P. O. Address Cassville Mo

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.