

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029888
STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 274 Primary Registration District No. 5923 Registrar's No. 253

S. 300
1-57
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1. PLACE OF DEATH a. COUNTY PETTIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PETTIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEDALIA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN SEDALIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BUENA VISTA HOME			Length of stay in lb 3 MO	d. STREET ADDRESS (If outside, give location) 1706 ST. VERMONT			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CORA Middle MAUDE Last SNOW				4. DATE OF DEATH Month 9 - Day 2 - Year 1958			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9-19-1870		9. AGE (In years last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and state or country) DRESDEN MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME THOMAS MORRIS			13b. MOTHER'S MAIDEN NAME SARAH DAVIS			14. NAME OF HUSBAND OR WIFE WILLIAM N. SNOW	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address CHARLES SNOW - P. 7 D # 13 SEDALIA MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio Sclerosis							
DUE TO (c) 4221							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 _____ a.m. _____ p.m.							
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 _____ to Sept 2 1958 and last saw her alive on Aug 30 1958 Death occurred at 10 30 a m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) A. L. Walter MD			22b. ADDRESS Sedalia Mo			22c. DATE SIGNED Sept 3 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-4-58	23c. NAME OF CEMETERY OR CREMATORY DRESDEN CEMETERY		23d. LOCATION (City, town, or county) (State) DRESDEN MO		
24. FUNERAL DIRECTOR Paul M. Moore - La Monte Mo			25. DATE RECD. BY LOCAL REG. 9-2-1958		26. REGISTRAR'S SIGNATURE Frances Shelby		

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.