

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032304

STATE FILE NUMBER

FILED OCT 14 1958

Registration District No. 120

Primary Registration District No. 5-444

Registrar's No. 259

S. 300
1-57

1. PLACE OF DEATH a. COUNTY GENTRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GENTRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ALBANY, Albany Twp.		c. CITY OR TOWN DARLINGTON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION REST HOME		d. STREET ADDRESS (If outside, give location) EAST PART OF TOWN	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN HENRY SNEAD		4. DATE OF DEATH Month Day Year SEPT. 29 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH JULY 11, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		11. BIRTHPLACE (City and state or country) N. of ALBANY, Mo.	
13a. FATHER'S NAME GEORGE SNEAD		13b. MOTHER'S MAIDEN NAME ELIZABETH BARNETT	
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. 488-14-3860	
17. INFORMANT MRS. FRANCES SNEAD		Address DARLINGTON, 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) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4201			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK		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 4-February-1957 to 29-Sept-58 and last saw him alive on 29-Sept-58 Death occurred at 1:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. W. Mennell (Degree or title) D.O.		22b. ADDRESS 606 E. Daniel St. Albany, Mo.	
22c. DATE SIGNED 30-Sept-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT. 2, 1958	
23c. NAME OF CEMETERY OR CREMATORY LONE STAR		23d. LOCATION (City, town, or county) (State) N. of ALBANY MO.	
24. FUNERAL DIRECTOR Schaefer Funeral Home		25. DATE RECD. BY LOCAL REG. 10-5-58	
26. REGISTRAR'S SIGNATURE Mrs. A. W. Bare			

(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.

6561 61 NHC

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 _____

Licensed Embalmer No. 4948

P. O. 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.