

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033652

STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 251 Primary Registration District No. 4371 Registrar's No. 222

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elmo		c. CITY OR TOWN Elmo	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elmo Hospital		Length of stay in lb 2 days.	d. STREET ADDRESS (If outside, give location) none
3. NAME OF DECEASED (Type or print) First JOHN Middle FRED Last SNODDERLEY			4. DATE OF DEATH Month 10 Day 1 Year 58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/1/83
9. AGE (In years last birthday) 74	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Own account	11. BIRTHPLACE (City and state or country) Elmo, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Own account	11. BIRTHPLACE (City and state or country) Elmo, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jacob Jefferson Snodderley		13b. MOTHER'S MAIDEN NAME Emme Ann Abbey	14. NAME OF HUSBAND OR WIFE Clara Skinner Snodderley
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. 487-03-9920	17. INFORMANT Address Mrs. Clara Snodderely, Elmo, 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) Arrhythmias block with ventricular standstill, septal aneurysm DUE TO (b) Septal aneurysm DUE TO (c) Pyrophosphorus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility			INTERVAL BETWEEN ONSET AND DEATH 3 days ? years
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 May 11-43 , to 10/1/58 and last saw ^{xxx} him alive on Oct 1-1958 Death occurred at 11:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harold D. O.		22b. ADDRESS Elmo, Missouri	22c. DATE SIGNED Oct 6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/3/58	23c. NAME OF CEMETERY OR CREMATORY College Springs	23d. LOCATION (City, town, or country) (State) College Springs, Iowa
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo		25. DATE RECD. BY LOCAL REG. 10-11-58	26. REGISTRAR'S SIGNATURE Bess Holt

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 *Curtis C. Kenney*

Licensed Embalmer No. *4936*

P. O. Address *Marysville*

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.