

Health & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036871
STATE FILE NUMBER

FILED NOV 12 1958 Registration District No. 155 Primary Registration District No. 3-1-2-7 Registrar's No. 200

300
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 10 mi. North Joplin #43		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Seneca
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Jane Chinn		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last Russell Wayne Snider			4. DATE OF DEATH Month Day Year November 3, 1958
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 March 18, 1909
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Field representative	11. BIRTHPLACE (City and state or country) Montevall ^o Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME No data	13b. MOTHER'S MAIDEN NAME Kate Cox
14. NAME OF HUSBAND OR WIFE Mildred Snider		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. 506-01-3129
17. INFORMANT Mrs Mildred Snider		Address Seneca Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INJURIES, MULTIPLE EXTREME.			INTERVAL BETWEEN ONSET AND DEATH INSTANTANEOUS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
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 checked="" 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.) TRUCK OVER TURNED ON MO. STATE HIGHWAY # 43 - 10 MILES NORTH	
20c. TIME OF INJURY Hour a.m. 10:00 Month, Day, Year 11-3-58		OF JOPLIN - 1 CAR ACCIDENT 049	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) STATE HIGHWAY # 43	20f. CITY, TOWN, OR LOCATION COUNTY STATE 10 Miles N. of Joplin JASPER MO
21. I attended the deceased from DID NOT ATTEND and last saw her alive on			
Death occurred at on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. W. Hedge Lewis, M.D., Brown Jasper County		22b. ADDRESS Med. Bldg. - Joplin Mo	22c. DATE SIGNED 11-5-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-6-1958	23c. NAME OF CEMETERY OR CREMATORY Seneca Cemetery	23d. LOCATION (City, town, or county) (State) Seneca Missouri
24. FUNERAL DIRECTOR Hedge-Lewis	ADDRESS Webb City Missouri	25. DATE RECD. BY LOCAL REG. 11-6-58	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
Hurat - Use only BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 10 1958

NOV 24 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 *Richard Roy Lewis*

Licensed Embalmer No. *4405*
P. O. Address *Webb City, 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.