

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037092

STATE FILE NUMBER

FILED NOV 6 1958

Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 97

300
-57

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hudson Twp.</u>		c. CITY OR TOWN <u>Macon</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.R. 1 Macon</u>		d. STREET (If outside, give location) ADDRESS <u>R.R. # 1</u>	

3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>Jackson</u> Last <u>Sneed</u>			4. DATE OF DEATH Month <u>Oct.</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>Dec. 17, 1881</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>3</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>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>	11. BIRTHPLACE (City and state or country) <u>Macon County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	---

13a. FATHER'S NAME <u>Samuel Sneed</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Reece</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Frazier Sneed</u>
---	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>491-26-8673</u>	17. INFORMANT <u>Mrs. Nellie Sneed</u>	Address <u>Macon, Missouri</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>coronary artery thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
DUE TO (b) _____		4201
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 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 WORK <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 _____ and last saw her/him alive on <u>Oct. 20, 1958</u> Death occurred at <u>4:20</u> <u>P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE <u>A. L. Durden</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Macon, Missouri</u>	22c. DATE SIGNED <u>10-27-58</u>
--	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/22/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Salem</u>	23d. LOCATION (City, town, or county) (State) <u>Excello, Missouri</u>
--	--------------------------------	--	---

24. FUNERAL DIRECTOR <u>R. Lester Brown</u> ADDRESS <u>Macon, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10/28/58</u>	26. REGISTRAR'S SIGNATURE <u>Ruth McNeely</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.

APR 6 1958

Date Filed 11-3-58

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 *R. Lester Brun*

Licensed Embalmer No. 4472

P. O. Address *Macon, Ga*

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.