Health,
& Welfare
Public
Service

. 300
. 1-56

4

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037149
STATE FILE NUMBER

FILED NOV 5 1958 Registration District No. 210 Primary Registration District No. 5773 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY Mercer
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Morgan Twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mercer Co Rest Home — Length of stay in 1b 5yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mercer
c. CITY OR TOWN 0650 Mercer, Mo — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Stant Middle Snyder Last
4. DATE OF DEATH Month Day Year 10-26-58

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ 0 DIVORCED ☐
8. DATE OF BIRTH 11-23-1876
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Mercer Co., Mo 0
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alexander Snyder
14. MOTHER'S MAIDEN NAME Elizabeth Swift

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs Cal Swingle Address Unionville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchial Pneumonia +
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic nephritis
DUE TO (c) 592X
INTERVAL BETWEEN ONSET AND DEATH
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 ☐ NO ☐ 0

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. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Princeton COUNTY Mercer STATE Mo

21. I attended the deceased from Jan 15 1957 to Oct 26-58 and last saw her/him alive on Oct 26-1958
Death occurred at 9:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J M Perry M D 0
22b. ADDRESS Princeton Mo
22c. DATE SIGNED Oct 28-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 10-28-58
23c. NAME OF CEMETERY OR CREMATORY Weisner
23d. LOCATION (City, town, or county) (State) Mercer, Co., Mo

24. FUNERAL DIRECTOR Noel Moss ADDRESS Princeton, Mo
25. DATE RECD. BY LOCAL REG. Oct 28-1958
26. REGISTRAR'S SIGNATURE Noel Moss

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, ~~or by~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Noel Mass

Licensed Embalmer No. 26

P. O. Address Princeton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.