

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039241

STATE FILE NUMBER

FILED NOV 19 1958 Registration District No. 70 Primary Registration District No. 4124 Registrar's No. 76

|  |                               |  |  |  |  |  |   |  |
|--|-------------------------------|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clark</u>  |                               |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>Clark</u> |  |  |   |  |
| b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN<br><u>Kahoka</u>  |                               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | c. CITY OR TOWN<br><u>Kahoka Mo.</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><u>Witchell Rest Home</u>   |                               |  |  | Length of stay in lb<br><u>1 year</u>  |  | d. STREET ADDRESS (If outside city location)<br><u>Main St.</u>                      |   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>John</u> Middle <u>Snyder</u> Last <u>Snyder</u>   |                               |  |  | 4. DATE OF DEATH<br>Month <u>Nov.</u> Day <u>13</u> Year <u>1958</u>   |  |  |   |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>W.</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>June 22 1875</u>  |  | 9. AGE (In years last birthday)<br><u>83</u>   |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Blacksmithing</u>  |                               |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><input checked="" type="checkbox"/>                     |  | 11. BIRTHPLACE (City and state or country)<br><u>Bever Penn U.S.A.</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |  |
| 13. FATHER'S NAME<br><u>Abidiah Snyder</u>   |                               |  |  | 14. MOTHER'S MAIDEN NAME<br><u>Margaret Sheldrick</u>  |  |  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |                               |  | 16. SOCIAL SECURITY NO.<br><u>✓</u>  |  | 17. INFORMANT<br><u>J. E. Greenlee</u>                                 |  | Address<br><u>Kahoka Mo.</u>                  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Medullary failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u><br>DUE TO (b) <u>cerebral hemorrhage</u> <u>minutes</u><br>DUE TO (c) <u>cerebral arteriosclerosis</u> <u>years</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>331X</u> |                               |  |  |  |  |  |   |  |
| 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<br>Hour <u>3:30</u> Month, Day, Year <u>11-13-58</u><br>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 <u>10-6-58</u> to <u>11-13-58</u> and last saw <u>her</u> alive on <u>11-12-58</u> . Death occurred at <u>3:30</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                               |  |  |  |  |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Robert L. Willis, MD</u>  |                               |  |  | 22b. ADDRESS<br><u>15 Hayes, Mo.</u>   |  | 22c. DATE SIGNED<br><u>11-15-58</u>  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  |                               | 23b. DATE  | 23c. NAME OF CEMETERY OR CREMATORY   |  | 23d. LOCATION (City, town, or county) (State)                          |  |   |  |
| <u>Burial</u>  |                               | <u>11-15-58</u>  | <u>Kahoka Cemetery</u>   |  | <u>Kahoka Mo.</u>  |  |   |  |
| 24. FUNERAL DIRECTOR<br><u>Fred Kasla</u>  |                               |  |  | ADDRESS<br><u>Kahoka Mo.</u>   |  | 25. DATE RECD. BY LOCAL REG.<br><u>11/15-58</u>                                      |   |  |
| 26. REGISTRAR'S SIGNATURE<br><u>J. W. [Signature]</u>  |                               |  |  |  |  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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..... *Fred J. Karle*

Licensed Embalmer No. *100*

P. O. Address *Kalaska*

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