

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047215
STATE FILE NUMBER

FILED JAN 16 1958

Registration District No. 314 Primary Registration District No. 6060 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Washingburg TOWN Tiffin Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Tiffin 0930 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Charles Middle W. Last Snyder			4. DATE OF DEATH Month Dec ; Day 26 , Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> 5	8. DATE OF BIRTH Sept; 1, 1864	9. AGE (In years at birthday) 94	10. IF UNDER 1 YEAR Months	10. IF UNDER 24 HRS. Days	10. Hours	10. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Monegaw Springs Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Benjamin F. Snyder	13b. MOTHER'S MAIDEN NAME Frances Morgan	14. NAME OF HUSBAND OR WIFE
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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. None	17. INFORMANT Audrey Snyder, Tiffin Missouri	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anemia. Persecuous		INTERVAL BETWEEN ONSET AND DEATH Don't know
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) unknown 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.) 2900 None
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year None	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.) no injury	20f. CITY, TOWN, OR LOCATION no injury COUNTY STATE
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21. I attended the deceased from 12-2-58 to 12-26-58 and last saw him/her alive on 12-26-58 Death occurred at 11:10 AM on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) J.W. Richardson M.D.	22b. ADDRESS El Dorado Springs Mo	22c. DATE SIGNED 12-27-58

23a. BURIAL, CREMATION REMOVAL (Specify) Burial	23b. DATE 12/28/58	23c. NAME OF CEMETERY OR CREMATORY Pleasant Grove	23d. LOCATION (City, town, or county) (State) Schell City Missouri
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24. FUNERAL DIRECTOR Goodrich Funeral Home, Osceola ADDRESS	25. DATE RECD. BY LOCAL REG. Mo 1-8-59	26. REGISTRAR'S SIGNATURE Ruth Seewers
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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: *J.B. [Signature]*

Licensed Embalmer No. *3038*

P. O. Address *Oscoda, Mich.*

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.