

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006133

STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 27

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 Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cartersville, Missouri
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Hosp.		Length of stay in 1b 1 Day	d. STREET ADDRESS (If outside, give location) 505 N. Fountain
3. NAME OF DECEASED (Type or print) First Sadie Middle Pearl Last Snider			4. DATE OF DEATH Month Feb. Day 9 Year 1959
5. SEX Female	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 Sept. 4, 1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 48
11. BIRTHPLACE (City and state or country) Webb City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Davis		13b. MOTHER'S MAIDEN NAME Lottie ?	14. NAME OF HUSBAND OR WIFE William 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. 492-28-3860	17. INFORMANT Address Mr. William Snider Cartersville Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Decompensated Cor Pulmonale with Circulatory Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Pulmonary Emphysema DUE TO (c) Chronic Bronchial Asthma			INTERVAL BETWEEN ONSET AND DEATH 2 min. 2 years Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 241x			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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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 9-17-56 to 2-9-59 and last saw her alive on 2-9-59 Death occurred at 7:20 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) D. O.		22b. ADDRESS Webb City, Missouri	22c. DATE SIGNED 2-9-59
23b. DATE Feb 11 1959		23c. NAME OF CEMETERY OR CREMATORY Cartersville, Cemetery	23d. LOCATION (City, town, or country) (State) Cartersville, Missouri
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24. FUNERAL DIRECTOR ADDRESS Johnston-Arnice-Simpson Mortuary Webb City, MO.	
25. DATE RECD. BY LOCAL REG. 2-11-59		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

C. F. Gregory - D. W. WE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Harvey E. Anne

Licensed Embalmer No. 4463

P. O. Address East 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.