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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016670
STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincents Hosp — Length of stay in 1b: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Lawrence
c. CITY OR TOWN Pierce City — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Pierce Township — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First Mary Middle Elizabeth Last Snyder
4. DATE OF DEATH: Month May Day 17 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 3/2/1884
9. AGE (In years last birthday): 75 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ##### ##
11. BIRTHPLACE (City and state or country): Pierce City, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Steve Courdin
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Frank Snyder
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Carl Bowman Address: Pierce City, Mo.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Gen. Arteriosclerosis — ?
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 332x
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 COUNTY STATE

21. I attended the deceased from 5-17-59, to 5-17-59 and last saw ~~the~~ alive on 5-17-59
Death occurred at 10:57 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. F. Edwards (Degree or title) MD
22b. ADDRESS Monett Mo
22c. DATE SIGNED 5-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: May 19, 1959
23c. NAME OF CEMETERY OR CREMATORY: Englewood Cemetery
23d. LOCATION (City, town, or county) (State): Englewood, California

24. FUNERAL DIRECTOR: Wm. J. Wessell ADDRESS: Pierce City, Mo.
25. DATE RECD. BY LOCAL REG.: May 19-59
26. REGISTRAR'S SIGNATURE: Mrs P.N. Cook

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

JUN 2 1959

DATE REC. 5-26-59

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 B. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Yazoo City, Miss.

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.