

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017029

STATE FILE NUMBER

FILED JUN 5 1959

Registration District No. 58 Primary Registration District No. 4087 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>CARTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CARTER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>VAN BUREN</u>		c. CITY OR TOWN <u>VAN BUREN</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RESIDENCE</u>		d. STREET ADDRESS (If outside, give location) <u>VAN BUREN</u>	
Length of stay in lb <u>30 YEARS</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>EDGAR</u> Last <u>SNIDER</u>		4. DATE OF DEATH Month <u>MAY</u> Day <u>19</u> Year <u>1959</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-15-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>FREMONT, MO</u>
13a. FATHER'S NAME <u>GEORGE W. SNIDER</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE MCCORMACK</u>	14. NAME OF HUSBAND OR WIFE <u>MARY SNIDER</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-38-3454</u>	17. INFORMANT <u>MARY SNIDER</u> Address <u>VAN BUREN MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic Arteriosclerosis and</u> DUE TO (c) <u>Chronic Myocarditis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4221</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>5 yrs</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 Hour <u>4:45 AM</u> Month, Day, Year <u>5-18-59</u>			
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 <u>3-21-51</u> to <u>5-19-59</u> and last saw him alive on <u>5-18-59</u> Death occurred at <u>4:45 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Frank J. Pucinski D.O.</u> (Degree or title)		22b. ADDRESS <u>VAN BUREN MO</u>	22c. DATE SIGNED <u>5-21-59</u>
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>BURIAL</u>	23b. DATE <u>May 21, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>VAN BUREN CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>VAN BUREN MO</u>
24. FUNERAL DIRECTOR <u>McSpadden</u>	25. DATE RECD. BY LOCAL REG. <u>June 3-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

color, contour, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

NOV 3 1959

CARTER COUNTY
HEALTH CENTER

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 Allen C. McPherson

Licensed Embalmer No. 4543

P. O. Address. Van Buren, 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.