

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017301

STATE FILE NUMBER

JUN 2 1959

Registration District No.

120

Primary Registration District No.

Registrar's No.

5-1

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Albany</u>		c. CITY OR TOWN <u>Albany</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>801 N. East St.</u>		d. STREET ADDRESS (If outside, give location) <u>801 N. East St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Elizabeth</u> Middle <u>Ross</u> Last <u>Snead</u>		4. DATE OF DEATH Month <u>May</u> Day <u>28</u> Year <u>1959</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <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 <u>Nov. 22, 1878</u>
9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
11. BIRTHPLACE (City and state or country) <u>Gentry Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James Ross</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Siddens</u>	
14. NAME OF HUSBAND OR WIFE <u>Frank Snead</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> </u>		17. INFORMANT <u>J.P. Ross</u> Address <u>Rogers Arkansas</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>Coronary Occlusion</u> DUE TO (b) <u>Senility</u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</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.) <u> </u>	
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </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.) <u> </u>		20f. CITY, TOWN, OR LOCATION <u>Albany, Missouri</u>	
21. I attended the deceased from <u>11. Feb. 57.</u> to <u>27. May. 59.</u> and last saw her alive on <u>27. May. 59.</u> Death occurred at <u> </u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE <u>D. S. Merrill</u> (Degree or title) <u>D.O.</u>	
22a. ADDRESS <u>Albany, Missouri</u>		22c. DATE SIGNED <u>29. May. 59.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>June. 1. 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Lone Star</u>		23d. LOCATION (City, town, or county) (State) <u>Lone Star, Missouri</u>	
24. FUNERAL DIRECTOR <u>Clifford Brooks</u>		25. DATE RECD. BY LOCAL REG. <u>5-29-59</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>			

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Dr. D. S. Merrill

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 me, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Donald E. Cochell

Licensed Embalmer No. 4868

P. O. Address Albany, 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.