D. Fred Schweitzer, M.D.

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017406
STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 520

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Burge Hospital — Length of stay in 1b: 2 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Willard — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): R.F.D. 1 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Waldo Middle: Henry Last: Snider
4. DATE OF DEATH: Month: May Day: 26 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Jan. 27, 1877
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months: 3 Days: 29 — IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer
11. BIRTHPLACE (City and state or country): Willard, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: George W. Snider
13b. MOTHER'S MAIDEN NAME: Cirelda Murray
14. NAME OF HUSBAND OR WIFE: Jennie Louisa Kelso
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 500-44-3893
17. INFORMANT: Mrs. W. H. Snider — Address: Willard, Mo. RI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Embolii, cerebral, multiple — INTERVAL BETWEEN ONSET AND DEATH: 26 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ? mural thrombus — unknown
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Embolism to left popliteal with early gangrene.
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 May 12, 1959, to May 26, 1959 and last saw him alive on May 25, 1959
Death occurred at 6:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: D. Fred Schweitzer M.D. (Degree or title)
22b. ADDRESS: 410 Woodruff Bldg. Spfld, Mo.
22c. DATE SIGNED: 5/27/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 28, 1959
23c. NAME OF CEMETERY OR CREMATORY: Mt. Pleasant Cemetery
23d. LOCATION (City, town, or county) (State): Willard, Greene Co. Mo.
24. FUNERAL DIRECTOR: J.W. Birch — ADDRESS: Ash Grove Mo
25. DATE RECD. BY LOCAL REG.: 5-29-59
26. REGISTRAR'S SIGNATURE: Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Fred Schweitzer, M.D.

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 Richard E. Watts

Licensed Embalmer No. 4652

P. O. Address Park Grove

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.