

UNITED STATES DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 28 1959

59-034905

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 337 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbina	Length of stay in 1b 8 Yrs	c. CITY OR TOWN Shelbina	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Charles Middle Earle Last Snider			4. DATE OF DEATH Month Sept Day 23rd Year 1959		
5. SEX Male	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 2/19/1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months 7 Days 4 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rural Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY Retired Carrier	11. BIRTHPLACE (City and state or country) Kendall Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Charles Snider		13b. MOTHER'S MAIDEN NAME Laura Pence		14. NAME OF HUSBAND OR WIFE Leona Snider	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I	16. SOCIAL SECURITY NO. 498-40-1307	17. INFORMANT Leona Snider	Address Shelbina Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (b) cerebrovascular accident		2 mo.
DUE TO (c) 		

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

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 12 a.m. p.m. 	Month, Day, Year Jan 1959		
20d. INJURY OCCURRED WHILE AT WORK <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 Shelbina Mo	COUNTY STATE

21. I attended the deceased from **Jan 1959** to **Sept 23, 1959** and last saw him alive on **Sept 23, 1959**.
Death occurred at **12 noon** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas A. Lichten MD		22b. ADDRESS Shelbina Mo		22c. DATE SIGNED Sept 23 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/25/59	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) Shelbina Mo	(State)
24. FUNERAL DIRECTOR Barkelaw & Davis		ADDRESS Shelbina Mo	25. DATE RECD. BY LOCAL REG. Sept 26-59	26. REGISTRAR'S SIGNATURE Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1959 OCT 1

VS SEP 8 1959

NOV 24 1959

OCT 20 1959

NOV 10 1959
MAY 10 1960

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 Penney - A - Barkeler

Licensed Embalmer No. 3835

P. O. Address Shelburne -

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.