

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-040911

FILED VS NOV 18 1959

Registration District No. 2 Primary Registration District No. 2 Registrar's No. 265 STATE FILE NUMBER

MAILED

1. PLACE OF DEATH a. COUNTY <u>LIVINGSTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LIVINGSTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JACKSON TWP</u>		Length of stay in 1b <u>24 YRS.</u>	c. CITY OR TOWN <u>JACKSON TWP</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10 MILES NW CHILLICOTHE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>10 MILES NW CHILLICOTHE</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>HARRISON</u> Last <u>SNYDER</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>7</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>11-8-113</u>	9. AGE (last birthday) <u>45</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WABASH RAILROAD GREENCASTLE, MD.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>ELMER SNYDER</u>		13b. MOTHER'S MAIDEN NAME <u>BERTHA HARMON</u>		14. NAME OF HUSBAND OR WIFE <u>DORIS McKEE</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>717-16-3346</u>	17. INFORMANT <u>MRS. W. H. SNYDER - R⁴: Chillicothe, Mo</u> Address
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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) <u>Symptoms - Sore throat & fever</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1959 to 7 Nov 59 and last saw her alive on 7 Nov 59
Death occurred at THREE THIRTY P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W. V. Vardine M.D.</u> (Degree or title)	22b. ADDRESS <u>Chillicothe Mo</u>	22c. DATE SIGNED <u>7 Nov 59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-10-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT OLIVE</u>	23d. LOCATION (City, town, or county) (State) <u>LIVINGSTON Co. Mo.</u>
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24. FUNERAL DIRECTOR <u>NORMAN FUNERAL HOME - CHILLICOTHE</u>	25. DATE RECD. BY LOCAL REG. <u>11/7/59</u>	26. REGISTRAR'S SIGNATURE <u>Frances B Neill</u>
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Used Embalmer's Statement on Reverse Side

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 3 1960

DEC 10 1958

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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chellicotte, M

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.