

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-002833

FILED VS JAN 21 1960

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 12

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla, Mo.		c. CITY OR TOWN Vienna, Mo.	
Length of stay in 1b 11 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps County Memorial		d. STREET ADDRESS (If outside, give location) Phelps County Memorial	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Elzy Middle Winton Last Snodgrass			4. DATE OF DEATH Month Jan. Day 11, Year 1960.		
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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 3/20/1903	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months 9 Days 21	IF UNDER 24 HR Hours 21 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Vienna, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME G. W. Snodgrass	13b. MOTHER'S MAIDEN NAME Mary Crismon	14. NAME OF HUSBAND OR WIFE Louise Snodgrass
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. 500-09-9769	17. INFORMANT Address Louise Snodgrass, Vienna, 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) <u><i>Pulmonary embolism</i></u>		INTERVAL BETWEEN ONSET AND DEATH <u><i>sudden</i></u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u><i>Coronary occlusion</i></u>		12 days
	DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u><i>Virus pneumonia 1 wk.</i></u>	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.)
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20c. TIME OF INJURY Hour 4:00 a.m. p.m. Month, Day, Year	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 Rolla Mo	COUNTY	STATE
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21. I attended the deceased from <u><i>12-31-59</i></u> to <u><i>1-11-60</i></u> and last saw him ^{here} alive on <u><i>1-10-60</i></u> Death occurred at <u><i>4:00 a.m.</i></u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u><i>J. W. Stiller M.D.</i></u>	22b. ADDRESS <u><i>Rolla Mo</i></u>	22c. DATE SIGNED <u><i>1-12-60.</i></u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u><i>1/13/60</i></u>	23c. NAME OF CEMETERY OR CREMATORY <u><i>Vienna Cemetery</i></u>	23d. LOCATION (City, town, or county) (State) <u><i>Vienna, Mo.</i></u>
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24. FUNERAL DIRECTOR <u><i>W. O. Cunningham</i></u>	ADDRESS <u><i>Vienna, Mo.</i></u>	25. DATE RECD. BY LOCAL REG. <u><i>Jan. 12, 1960</i></u>	26. REGISTRAR'S SIGNATURE <u><i>Nadene L. Stoll</i></u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

H. B. Brimley

Licensed Embalmer No. 366

P. O. Address Vienna

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.