URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-007584

STATE FILE NUMBER

FILED VS MAR 9 1960

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 44

NDED

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rollas Co — Length of stay in 1b: 2 hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Phelps
c. CITY OR TOWN St. James, Missouri — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 620 N. Jefferson — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Snowden Middle: Manes Last:

4. DATE OF DEATH Month Day Year: Feb 25, 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: April 7, 1896
9. AGE (last birthday): 63 — IF UNDER 1 YEAR: Months 10 Days 18 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Public Service
10b. KIND OF BUSINESS OR INDUSTRY: Street Car
11. BIRTHPLACE (City and state or country): Waynesville, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Seth Manes
13b. MOTHER'S MAIDEN NAME: Olive
14. NAME OF HUSBAND OR WIFE: Ruth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW1
16. SOCIAL SECURITY NO.: 493-10-9337
17. INFORMANT: Mabel Mottaz Address: Waynesville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ac. Left Ventricular Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarction — 8 hrs.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 Feb 25, 1960 to Feb 25, 1960 and last saw her/him alive on Feb 25, 1960
Death occurred at 7130 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jerry D Ruth MD
22b. ADDRESS Rolla Missouri
22c. DATE SIGNED 2/27/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb 28 1960
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): Richland, Missouri

24. FUNERAL DIRECTOR: Jesse Gahr ADDRESS: 200 S. Meramec St James, Mo
25. DATE RECD. BY LOCAL REG.: Feb. 27, 1960
26. REGISTRAR'S SIGNATURE: Nadine L Stoll

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

MAR 9 19

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_____ Signed C. Jesse Gohr

Signature of Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St. James

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