

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010720

FILED VS MAR 23 1960

140 Primary Registration District No. 3024 Registrar's No. 29

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Howard									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette		Length of stay in lb 5 minutes		c. CITY OR TOWN Fayette		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 108 E. Morrison St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 604 N. Church St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First HENRY Middle FRANKLIN Last SNYDER				4. DATE OF DEATH Month March Day 16 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/2/1878		9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian			10b. KIND OF BUSINESS OR INDUSTRY Daley School			11. BIRTHPLACE (City and state or country) Howard Co. Missouri			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Benjamin F. Snyder				13b. MOTHER'S MAIDEN NAME Sallie Beach				14. NAME OF HUSBAND OR WIFE Margaret Harris					
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. 487-20-417		17. INFORMANT Mrs Marjorie S. Snyder			Address Nashville, Tenn.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary thrombosis										INTERVAL BETWEEN ONSET AND DEATH 5 hours			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery atherosclerosis										Unknown			
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					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> s.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		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			COUNTY		STATE		
21. I attended the deceased from March 1 1960 to March 16 1960 last saw him alive on March 14 1960 Death occurred at 4:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>[Signature]</i>						22b. ADDRESS <i>[Signature]</i>			22c. DATE SIGNED 3-21-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/19/60		23c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery			23d. LOCATION (City, town, or county) Fayette, Missouri						
24. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS Fayette, Mo				25. DATE RECD. BY LOCAL REG. 3-21-60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>							

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

~~on~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ralph A. Carr

Licensed Embalmer No. *334*

P. O. Address *Fayette,*

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.