

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015822

FILED VS MAY 1 1 1960

157

Primary Registration District No.

3028

Registrar's No.

104

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jasper		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		a. STATE Missouri		b. COUNTY Barry	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks Hosp.		Length of stay in 1b 6 wks.		c. CITY OR TOWN Seligman		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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)				4. DATE OF DEATH			
First MINTA		Middle NORA		Last SNODGRASS		Month Day Year May 1, 1960	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-24-1875	9. AGE (last birthday) 84	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) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and state or country) Washburn, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Anderson Snodgrass			13b. MOTHER'S MAIDEN NAME Caroline Matilda Arnold		14. NAME OF HUSBAND OR WIFE none		
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. unknown		17. INFORMANT Address Paul Cannon-Carthage, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Myocarditis, Chronic						5 yrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Atherosclerosis with myocardial							
DUE TO (c) degeneration and failure						2 wks	
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 checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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. 6 p.m.		Month, Day, Year 4-14-60		Fracture of Pelvis.			
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.) street		20f. CITY, TOWN, OR LOCATION Carthage		COUNTY STATE Jasper Mo	
21. I attended the deceased from Mar 29, 1960 to May 1, 1960 and last saw her/him alive on May 1, 1960 Death occurred at 9 p m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) George H. Wood M.D.				22b. ADDRESS Carthage Mo		22c. DATE SIGNED May 3 '60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-3-1960		23c. NAME OF CEMETERY OR CREMATORY Seligman Cemetery		23d. LOCATION (City, town, or county) (State) Seligman, Missouri	
24. FUNERAL DIRECTOR ADDRESS Culver's Cassville, Mo.				25. DATE RECD. BY LOCAL REG. 5-3-60		26. REGISTRAR'S SIGNATURE Elly Hunter	

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 Paul D. Hembert

Licensed Embalmer No. 4576

P. O. Address Cassville, N.C.

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.