

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JUN 27 1960 / 3

=60-022240

Registration District No. 13 Primary Registration District No. 303 Registrar's No. 78

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence			
b. CITY (If outside corporate limits, give TOWNSHIP only) Monett		Length of stay in lb 72 days		c. CITY OR TOWN Mt. Vernon		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 601 Pearl				d. STREET ADDRESS (If outside, give location) R.F.D. 1		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Judy Middle Addline Last Snider				4. DATE OF DEATH Month June Day 16 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 8/21/1892	9. AGE (last birthday) 67	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (City and state or country) Marionville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME Preston Sullivan			13b. MOTHER'S MAIDEN NAME Nancy M. Sullivan		14. NAME OF HUSBAND OR WIFE Marion O. Snider		
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. None		17. INFORMANT Bill Snider Address Kansas City, 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) Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Hypertension Cystitis - Pyelitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 3 days 10 yrs 2 months	
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.		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 12:40 , to June 16 60 and last saw her alive on 6-15-60 Death occurred at 4 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Frank L. Ben M.D. (degree or title)				22b. ADDRESS Monett Mo		22c. DATE SIGNED 6-18-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 19, 1960		23c. NAME OF CEMETERY OR CREMATORY Io O. O. F. Cemetery		23d. LOCATION (City, town, or county) (State) Monett, Mo.	
24. FUNERAL DIRECTOR Mercer Funeral Home		ADDRESS Monett, Mo.		25. DATE RECD. BY LOCAL REG. 6-19-60		26. REGISTRAR'S SIGNATURE Mrs. P. N. Cook	

(Licensed Embalmer's Statement on Reverse Side)

JUN 28 1960

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 Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, Mo.

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.