

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027573

FILED VS JUL 25 1960/27

Registration District No. 129 Primary Registration District No. 3040 Registrar's No. 129

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY LIVINGSTON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY LIVINGSTON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHILLICOTHE		Length of stay in 1b 5 Hrs.		c. CITY OR TOWN CHILLICOTHE		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 815 BROADWAY		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First LEONARD Middle FRANKLIN Last SNIDER				4. DATE OF DEATH Month JULY Day 9 Year 1960			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 12/16/1917	
9. AGE (last birthday) 42		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleaman		10b. KIND OF BUSINESS OR INDUSTRY MO. DIST. CO.		11. BIRTHPLACE (City and state or country) DAVIS CO. MO.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME LEONARD ELZEA SNIDER		13b. MOTHER'S MAIDEN NAME MARCELLA METZ		14. NAME OF HUSBAND OR WIFE MAE CLESTER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII		16. SOCIAL SECURITY NO. 497-14-1678		17. INFORMANT Mrs. Mae Snider Address 815 Broadway Chillicothe, 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) Cerebral Hemorrhage, severe Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 4 hrs			
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 6:15 a.m. ☐ p.m. ☐		Month, Day, Year July 12-60					
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 Chillicothe, Mo		COUNTY LIVINGSTON STATE MO.	
21. I attended the deceased from July 12-60 to July 12-60 and last saw him alive on July 12-60 Death occurred at 6:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Joseph Conrad M.D. (Degree or title)				22b. ADDRESS Chillicothe, Mo		22c. DATE SIGNED July 12-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7/12/60		23c. NAME OF CEMETERY OR CREMATORY MAY CEMETERY		23d. LOCATION (City, town, or county) (State) LIVINGSTON COUNTY, MO.	
24. FUNERAL DIRECTOR NORMAN FUNERAL HOME: Chillicothe, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. July 12, 1960 26. REGISTRAR'S SIGNATURE Annalee Taylor <i>Deputy</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 26 1960

VS JUL 20 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

John P. Rodgers

Licensed Embalmer No. 4963

P. O. Address Chillicothe,

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.