# URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 20 1960

-60-027639
STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 284

**1. PLACE OF DEATH**
a. COUNTY: MARION
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: HANNIBAL — Length of stay in 1b: 17 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. ELIZABETH — Inside Limits: Yes ☒ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: RALLS
c. CITY OR TOWN: FRANKFORD — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RALLS CO. SPENCER TWNSHP — Reside on Farm: Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print): First: JAMES Middle: WALTER Last: SNELL

**4. DATE OF DEATH**: Month: JULY Day: 5 Year: 1960

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7.** Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
**8. DATE OF BIRTH**: NOV. 30 1897
**9. AGE** (last birthday): 62 — 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): FARMER
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and state or country): CENTINARY, RALLS CO MO SAVERTON TOWNSHP
**12. CITIZEN OF WHAT COUNTRY**: U.S.A.

**13a. FATHER'S NAME**: JAMES H. SNELL
**13b. MOTHER'S MAIDEN NAME**: MARGARET WILHELM
**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 497-42-2090
**17. INFORMANT**: Mrs Hazel Snell Address: Frankford Mo.

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypertensive cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH: two weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Glomerular nephritis.
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 6/18/60, to 7/5/60 and last saw her/him alive on 7/4/60
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** M. J. Roller (Degree or title) M.D.
**22b. ADDRESS** 2910 St. Mary's Avenue Hannibal, Missouri
**22c. DATE SIGNED** 7/13/60

**23a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**23b. DATE**: JULY 7-1960
**23c. NAME OF CEMETERY OR CREMATORY**: BARKLEY CEMETERY
**23d. LOCATION** (City, town, or county) (State): NEW LONDON MO

**24. FUNERAL DIRECTOR**: MELOWN FUNERAL HOME **ADDRESS**: FRANKFORD MO
**25. DATE RECD. BY LOCAL REG.**: 7/18/60
**26. REGISTRAR'S SIGNATURE**: Dr. E. M. Luche by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 40 93

P. O. Address Frankford Me

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