

# FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035265

FILED VS OCT 10 1960

156

Registration District No. \_\_\_\_\_ Primary Registration District No. 2001 Registrar's No. 471

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>			Length of stay in 1b <b>60 YRS</b>		c. CITY OR TOWN <b>JOPLIN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2308 MURPHY AVE.</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2308 MURPHY AVE.</b>	
3. NAME OF DECEASED (Type or print) First <b>CORVAL</b> Middle <b>PAUL</b> Last <b>SNYDER</b>				4. DATE OF DEATH Month <b>SEPTEMBER</b> Day <b>30</b> Year <b>1960</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-29-1891</b>	9. AGE (last birthday) <b>69</b>	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) <b>RETIRED - CITY FIREMAN</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>JOPLIN FIRE DEPT.</b>		11. BIRTHPLACE (City and state or country) <b>BAXTER SPRINGS, KS.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>MILTON H. SNYDER</b>			13b. MOTHER'S MAIDEN NAME <b>UNK</b>			14. NAME OF HUSBAND OR WIFE <b>GRACE SNYDER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES W. W.</b>			16. SOCIAL SECURITY NO. <b>UNK</b>		17. INFORMANT Address <b>MRS. GRACE SNYDER, 2308 MURPHY AVE.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Prostate</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 checked="" 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 _____ a.m. _____ p.m.		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 <b>8-1-60</b> , to <b>9-30-60</b> and last saw her/him alive on <b>9-30-60</b> Death occurred at <b>5:45 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or informant) <b>J. A. Kuhn, Jr., M.D.</b>				22b. ADDRESS <b>321 Frisco Bldg., Joplin, Mo.</b>		22c. DATE SIGNED <b>10-1-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>10-3-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>OSBORNE MEMORIAL CEMETERY, JOPLIN, MISSOURI</b>		23d. LOCATION (City, town, or county) <b>JOPLIN, MISSOURI</b>	
24. FUNERAL DIRECTOR ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>				25. DATE RECD. BY LOCAL REG. <b>10-3-1960</b>		26. REGISTRAR'S SIGNATURE <b>Doro Merriam</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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**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 Shirley E. Oruse

Licensed Embalmer No. 4463

P. O. Address Joplin, 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.