

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-002523
STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 33

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY **Phelps**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Rolla** Length of stay in 1b **1 Day**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Memorial Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Phelps**
c. CITY OR TOWN **Rolla** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **208 West 4th St.,** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **ANTHONY (TONY) EDWARD SNODGRASS**
4. DATE OF DEATH Month Day Year **Feb. 4, 1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **10-13-92** 9. AGE (last birthday) **68**
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) **Trucker Retired** 10b. KIND OF BUSINESS OR INDUSTRY **Coal & Produce** 11. BIRTHPLACE (City and state or country) **Vienna, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **James Snodgrass** 13b. MOTHER'S MAIDEN NAME **Mary Elizabeth Riley** 14. NAME OF HUSBAND OR WIFE **Edna Snodgrass**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **none** 16. SOCIAL SECURITY NO. **xx** 17. INFORMANT Address **208 West 4th Mrs. Edna Snodgrass, Rolla, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Central Vascular accident** INTERVAL BETWEEN ONSET AND DEATH **3 days**
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. 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 Month, Day, Year 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 **Jan 8, 1961** to **Feb 4, 1961** and last saw him alive on **2/3/61**
Death occurred at **8:00AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature]** 22b. ADDRESS **Rolla Mo.** 22c. DATE SIGNED **2-6-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Feb. 6 1961** 23c. NAME OF CEMETERY OR CREMATORY **Rolla Cemetery** 23d. LOCATION (City, town, or county) (State) **Rolla, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Null & Son Funeral Home..Rolla** 25. DATE RECD. BY LOCAL REG. **Feb. 6, 1961** 26. REGISTRAR'S SIGNATURE **Nadene L Stoll**
By Paul E. Null

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.