

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028967

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 831

STATE FILE NUMBER

FILED SEP 11 1961

1. PLACE OF DEATH

a. COUNTY Greeneb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SpringfieldLength of stay in lb
5 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Bunge-Protestant Hosh.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Greenec. CITY
OR TOWN SpringfieldInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
2662 E. LocustReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First GeorgeMiddle W.Last Snider4. DATE
OF DEATHMonth September Day 1 Year 1961

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-25-1885

9. AGE (last birthday)

76IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Deliveryman

10b. KIND OF BUSINESS OR INDUSTRY

Dairy Farm

11. BIRTHPLACE (City and state or country)

Webster County, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Lorenza Dell Snider

13b. MOTHER'S MAIDEN NAME

Martha Lamberth

14. NAME OF HUSBAND OR WIFE

Essie Lonie 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.

492-40-9344

17. INFORMANT

Essie J. Snider

Address

Springfield, 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 Thrombosis

INTERVAL BETWEEN

DEATH AND DEATH

sev. 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 ☐ Unknown19. 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

1955to Sept 1, 1961 and last saw him alive on Aug. 31, 1961

Death occurred at

3:30 A.M.On the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

Springfield, Mo.

22c. DATE SIGNED

9-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

9-3-1961

23c. NAME OF CEMETERY OR CREMATORY

Timber Ridge Cemetery

23d. LOCATION (City, town, or county)

Webster County Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Rex Rainey Springfield, Mo.

25. DATE RECD. BY LOCAL REG.

9-6-61

26. REGISTRAR'S SIGNATURE

Effie S. Meeton

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.