

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-031722
STATE FILE NUMBER

AMENDED

REGISTERED DISTRICT NO. 18 1961

Primary Registration District No. 3000

Registrar's No. 254

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINN	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE		Length of stay in 1b	c. CITY OR TOWN LINNEUS
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION K.O.H		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MINTA Middle SNYDER Last			4. DATE OF DEATH Month SEPT. Day 6, Year 1961			
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-18-1896	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETAIL STORE OWNER		10b. KIND OF BUSINESS OR INDUSTRY LADIES CLOTHING		11. BIRTHPLACE (City and state or country) LINNEUS, MO		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME WILLIAM B POWELL		13b. MOTHER'S MAIDEN NAME MARION V. MOORE		14. NAME OF HUSBAND OR WIFE JOHN SNYDER		
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. -		17. INFORMANT Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Ventricular Fibrillation	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Myocardial Infarction	
DUE TO (b)	Coronary Thrombosis	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) Cholelithiasis, Pancreatitis		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	
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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 8-23-61 to 9-6-61 and last saw her live on 9-6-61 Death occurred at 1:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) David W. Boone MD		22b. ADDRESS Box Kirksville MO		22c. DATE SIGNED 9-6-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-8-1961	23c. NAME OF CEMETERY OR CREMATORY 1.02F. CEMETERY	23d. LOCATION (City, town, or county) (State) LINNEUS, MO	

24. FUNERAL DIRECTOR WRIGHT FUNERAL HOME, BROOKFIELD		ADDRESS	25. DATE RECD. BY LOCAL REG. Sept. 9, 1961	26. REGISTRAR'S SIGNATURE David W. Rattiff
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(Signed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 21 1961

DAVID W. BOONE, D.D.

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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.