

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-036090

STATE FILE NUMBER

AMENDED

Registration District No. 43.

Primary Registration District No. 3007.

Registrar's No. 342

FILED OCT 16 1961

1. PLACE OF DEATH

a. COUNTY

Butler

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

a. STATE MO

b. COUNTY Carter

b. CITY (If outside corporate limits, give TOWNSHIP only)

Poplar Bluff

Length of stay in 1b

4 days

c. CITY

OR TOWN

Van Buren

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

Doctors Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Van Buren

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

George Lemro Snider

4. DATE OF DEATH

Month

Day

Year

Sept 29, 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-9-1881

9. AGE (last birthday)

80

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

Farming

11. BIRTHPLACE (City and state or country)

Fremont, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James B. Snider

13b. MOTHER'S MAIDEN NAME

Sarah Kennard

14. NAME OF HUSBAND OR WIFE

Ida Snider

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

Chester Snider Van Buren, 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)

Acute Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH

Approx.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute Myocardial infarction

3 days

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

GENERALIZED ARTERIOSCLEROSIS

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

July '61

to SEPT 29 '61

and last saw her alive on SEPT 29 '61

Death occurred at

3:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Fred Caldwell M.D.

22b. ADDRESS

KNEIBERT CLINIC

22c. DATE SIGNED

5 Oct '61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-1-61

23c. NAME OF CEMETERY OR CREMATORY

Van Buren Cemetery

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

Van Buren, Mo

24. FUNERAL DIRECTOR

ADDRESS

Messpader Funeral Home Van Buren 10-13-61

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

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 Allen C. McSpadden

Licensed Embalmer No. 4543

P. O. Address Can Burren,

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.