SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-037439
STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 507

FILED OCT 31 1961

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN — Length of stay in 1b: 9 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 915 West 20th Street — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN JOPLIN — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 915 West 20th Street — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JOSEPH Middle Last SNYDER
4. DATE OF DEATH Month OCTOBER Day 18 Year 1961
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH June 16, 1882
9. AGE (last birthday) 79 — 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) miner
10b. KIND OF BUSINESS OR INDUSTRY Eagle-Picher, Mining Co.
11. BIRTHPLACE (City and state or country) Victor, Iowa
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Dr. Bryon S. Snyder
13b. MOTHER'S MAIDEN NAME Dr. Kathleen Church
14. NAME OF HUSBAND OR WIFE Mary E. Snyder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
17. INFORMANT Mary E. Snyder – Joplin, Mo. Address 915 West 20th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial failure — 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) Associated with Cerebral degeneration,
DUE TO (c) marked, of about 5 years duration due to severe Parkinson's Disease — over 10 years
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 a.m. p.m. Month, Day, Year
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
(this illness since 9-7-61)

21. I attended the deceased from 10-22-48, to 10-18-61 and last saw ~~him~~ alive on 10-18-61
Death occurred at 3:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title)
22b. ADDRESS DeTar Clinic 410 Jackson, Joplin, Mo.
22c. DATE SIGNED 10-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 10-18-61
23c. NAME OF CEMETERY OR CREMATORY GAR
23d. LOCATION (City, town, or county) Miami Ottawa (State) Okla.

24. FUNERAL DIRECTOR Paul Thomas Funeral Home-Picher, Okla. ADDRESS
25. DATE RECD. BY LOCAL REG. 10-27-1961
26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — ITEM NO. — SHOULD READ — BY AFFIDAVIT OF

NOV 7 1961

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_____ Signed Paul Thomas

Signature of Student Embalmer

Licensed Embalmer No. 1244

P. O. Address Perkin - Ok

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.