

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005784

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

50

Primary Registration District No.

5179

Registrar's No.

8

STATE FILE NUMBER

FILED FEB 26 1962

1. PLACE OF DEATH

a. COUNTY

Camden

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

Osage TWP.

Length of stay in 1b

10 yrs

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

a. STATE

Mo

b. COUNTY

Camden

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Empire City Road

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Empire City Road

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Everett

Ewing

Snider

4. DATE OF DEATH

Month

Day

Year

Feb. 21 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Dec. 6-1904

9. AGE (last birthday)

57

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)

Railway Police Officer

10b. KIND OF BUSINESS OR INDUSTRY

Railroad Officer

11. BIRTHPLACE (City and state or country)

Paris Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William H. Snider

13b. MOTHER'S MAIDEN NAME

Gertrude Everett

14. NAME OF HUSBAND OR WIFE

Lucile 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.

713-01-2676

17. INFORMANT

Address

Mrs. Lucile Snider, Camdenton 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)

Circulatory Failure

INTERVAL BETWEEN ONSET AND DEATH

5 min.

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

DUE TO (b)

Myocardial Infarction

3 days

DUE TO (c)

Arteriosclerosis

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 ☐ 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

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

21. I attended the deceased from 1958

to 2/21/1962

and last saw her him alive on 2/20/1962

Death occurred at 10:00

p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Kenneth E. Matlock D.O.

22b. ADDRESS

Camdenton, Mo.

22c. DATE SIGNED

2/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 24-1962

23c. NAME OF CEMETERY OR CREMATORY

Blair Memorial Cemetery

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

Camdenton Mo.

24. FUNERAL DIRECTOR

ADDRESS

Robert H. Reed, Camdenton Mo.

25. DATE RECD. BY LOCAL REG.

Feb. 24-1962

26. REGISTRAR'S SIGNATURE

Zilpha Traw.

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 1962

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 Robert H Reed

Licensed Embalmer No. 3740

P. O. Address Camden, 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.