

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018449

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 214

1. PLACE OF DEATH **FILED JUN 11 1962**  
 a. COUNTY Cole  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City Length of stay in lb 33 yrs.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 137 E. Circle Drive Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 137 E. Circle Drive Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last Daniel Webster Snyder 4. DATE OF DEATH Month Day Year June 1, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 3-24-1885 9. AGE (last birthday) 77

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President 10b. KIND OF BUSINESS OR INDUSTRY Mo. Power Light Co. Easton, Penn. 11. BIRTHPLACE (City and state or country) USA 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Chester Snyder 13b. MOTHER'S MAIDEN NAME Amanda Barron 14. NAME OF HUSBAND OR WIFE Blanche Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address Blanche Snyder, Jefferson City, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Peri-arteritis nodosa INTERVAL BETWEEN ONSET AND DEATH 2 yrs.  
 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  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. 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 Dec 1959 to June 1, 1962 and last saw him alive on May 20, '62 Death occurred at 8:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) \_\_\_\_\_ 22b. ADDRESS Jeff City, Mo. 22c. DATE SIGNED 6-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6-3-1962 23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery 23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri

24. FUNERAL DIRECTOR Ideon N. Houser, Jefferson City, Mo. ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. 2 June 1962 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MAY 5 1966  
MAY 3 1966

JUN 1 1962  
JUN 1 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 Gideon N. Houser

Licensed Embalmer No. 4579  
P. O. Address Jefferson City, 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.