

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023675

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 119

STATE FILE NUMBER

VS 300  
Rev. 4/59

1 0490

2 0490-

3

4

5 2

6

7 0

8 2

9 170X

10

11

12 86-0

13 1-1

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**FILED JUL 9 1962**

a. COUNTY **Jasper**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Joplin Township** Length of stay in 1b **16 mos**

c. CITY OR TOWN **Mt. Vernon** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **RR#3** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **RORA** Middle **SNYDER** Last **SNYDER** 4. DATE OF DEATH Month **February** Day **4** Year **1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **9-1-1877** 9. AGE (last birthday) **84** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (City and state or country) **Mt. Vernon, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **William Perry** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **William E. 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. **None** 17. INFORMANT **Earl Snyder, Mt. Vernon, Mo.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **Carcinoma breast & metastatic nodules** INTERVAL BETWEEN ONSET AND DEATH **18 months**

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) **arteriosclerosis generalized** 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 \_\_\_\_\_

21. I attended the deceased from **March 1962** to **Feb 4-1962** and last saw her live on **Feb 4-1962** Death occurred at **1:45 P. M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Doctor or title) **[Signature]** 22b. ADDRESS **2125 Jeanette Joplin** 22c. DATE SIGNED **7-3-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Feb. 7, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Salem Cemetery** 23d. LOCATION (City, town, or county) (State) **Lawrence County, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Max Fossett Funeral Home, Mt. Vernon, Mo.** 25. DATE RECD. BY LOCAL REG. **7-5-62** 26. REGISTRAR'S SIGNATURE **Mrs. Madeline Switzer**

JUL 18 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 Tracy McCurdy

Licensed Embalmer No. 5125

P. O. Address Joplin, 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.