MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-046473
STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 273

FILED JAN 2 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0365
2	0365
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington — Length of stay in 1b: 8 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Francis Hosp. — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Franklin
c. CITY OR TOWN: Washington — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 809 Lincoln — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First CLARENCE Middle GENE Last SNODGRASS
4. DATE OF DEATH: Month December Day 30 Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/27/1930
9. AGE (last birthday): 32 yrs. — 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): Lineman
10b. KIND OF BUSINESS OR INDUSTRY: Elect. Utility
11. BIRTHPLACE (City and state or country): St. James, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Clarence L. Snodgrass
13b. MOTHER'S MAIDEN NAME: Maud I. Mason
14. NAME OF HUSBAND OR WIFE: Wilma (nee Parker)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: [redacted]
17. INFORMANT: Mrs Wilma Snodgrass, Washington — Address: 809 Lincoln

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line fo[redacted]
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute peripheral Vascular Collapse	4 hrs.
DUE TO (b)	Intestinal Obstruction and dehydration	10 Days
DUE TO (c)	Metastatic Adenocarcinoma from Colon	2 1/2 yrs.

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

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX
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 Oct. 1960, to Dec 1962 and last saw ~~her~~ him alive on 12/30/62
Death occurred at 10:15 a.m. CST m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Samuel C. Bonney M.D.
22b. ADDRESS: 205 Elm Washington Mo.
22c. DATE SIGNED: 12/31/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 2, 1963
23c. NAME OF CEMETERY OR CREMATORY: Lakewood Park Cem.
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: Henry W. Otto — ADDRESS: Washington, Mo.
25. DATE RECD. BY LOCAL REG.: 12/31/62
26. REGISTRAR'S SIGNATURE: Leola C. Heidmann

(Licensed Embalmer's Statement on Reverse Side)

JAN 4 1963

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 Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington Me.

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.