

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001211

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 86

STATE FILE NUMBER

FILED JAN 21 1963

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY GREENE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield | | c. CITY OR TOWN Springfield | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION Baptist Hospital | | d. STREET ADDRESS (If outside, give location) 608 E. Elm | |
| 3. NAME OF DECEASED (Type or print) First J. Middle HARRY Last SNIDER | | 4. DATE OF DEATH Month January Day 14 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6/9/1880 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist | | 11. BIRTHPLACE (City and state or country) Missouri | |
| 13a. FATHER'S NAME L. Snider | | 13b. MOTHER'S MAIDEN NAME Martha Francis Lambeth | |
| 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. 497-22-7650 | |
| 17. INFORMANT Wilma Reed (Daughter) | | Address 3254 E. Seminole Springfield, 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) Coronal Artery Insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis DUE TO (c) undet. | | INTERVAL BETWEEN ONSET AND DEATH 1 mo | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ASIA | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Springfield, Missouri | |
| 21. I attended the deceased from 1/12/63 to 1/14/63 and last saw her alive on 1/14/63 Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE T. Elchan (Degree or title) | |
| 22b. ADDRESS 1211 S. Glenstone Springfield, Missouri | | 22c. DATE SIGNED 1/15/63 (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1-16-63 | 23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery | 23d. LOCATION (City, town, or county) Springfield, Missouri |
| 24. FUNERAL DIRECTOR KUNGNER MORTUARY, INC. ADDRESS Springfield, Mo. | | 25. DATE RECD. BY LOCAL REG. 1-18-63 | |
| 26. REGISTRAR'S SIGNATURE Effie E. Meeter | | | |

jhc

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 5 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

Licensed Embalmer No. 4071

P. O. Address _____

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.

Record 1-15-63