

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015597

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 120

Primary Registration District No. _____

Registrar's No. 40

STATE FILE NUMBER

FILED MAY 7 1963

VS 300
Rev. 4/59

1 0380

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12 90-0

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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

1. PLACE OF DEATH a. COUNTY <u>Gentry, County</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gentry, Missouri</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>S. E. Gentry, Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u> c. CITY OR TOWN <u>Gentry, Missouri</u> d. STREET ADDRESS (If outside, give location) <u>S. E. Gentry, Missouri</u>	
3. NAME OF DECEASED (Type or print) <u>Frederick William Snider</u>		4. DATE OF DEATH Month <u>April</u> Day <u>26</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>5-5-1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plumber</u>	
11. BIRTHPLACE (City and state or country) <u>Nevada, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Edward Snider</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Hand</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT <u>May Snider</u>	
16. SOCIAL SECURITY NO. _____		17. ADDRESS <u>Gentry, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart failure</u> DUE TO (b) <u>Prostatic carcinoma</u> DUE TO (c) _____ 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) 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 <u>2/1/63</u> to <u>4/26/63</u> and last saw him alive on <u>4/23/63</u> Death occurred at <u>8:15</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dennie Parsons M.D.</u> (Deceased or title)		22b. ADDRESS <u>Albany, Mo.</u>	
22c. DATE SIGNED <u>4/29/63</u> (Date)		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>4-29-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>High Ridge Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Stanberry, Missouri</u>		24. FUNERAL DIRECTOR <u>Johnson Funeral Home</u> ADDRESS <u>Stanberry, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>5-1-63</u>		26. REGISTRAR'S SIGNATURE <u>Mr. L. W. Bay</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

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 Charles Dean Allen, Student Embalmer No. 671
working under my personal supervision.

Student Charles Dean Allen
Signature of Student Embalmer

Signed Ross E. Johnson

Licensed Embalmer No. 4948

P. O. Address Stanberry, 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.