

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031613

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 55

Primary Registration District No. 5243011

Registrar's No. 97

STATE FILE NUMBER

FILED SEP 13 1963

1. PLACE OF DEATH

a. COUNTY **Carroll**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Carrollton**

Length of stay in 1b
11 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Carroll Memorial Hosp.**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.** b. COUNTY **Carroll**

c. CITY OR TOWN **Carrollton** Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) **1407 N. Main**
Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
IRA HUBERT SNIDER

4. DATE OF DEATH
Month Day Year
Sept. 9 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
10/15/1908

9. AGE (last birthday)
54

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Rock Quarry

10b. KIND OF BUSINESS OR INDUSTRY
Quarry

11. BIRTHPLACE (City and state or country)
Tina, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Ira Snider

13b. MOTHER'S MAIDEN NAME

Mary Sewell

14. NAME OF HUSBAND OR WIFE

Genevieve Snider

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes W.W. 2

16. SOCIAL SECURITY NO.
500-22-3831

17. INFORMANT Address
Mrs. Hubert Snider, Carrollton, 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) **Acute Myocardial Infarction**

INTERVAL BETWEEN
ONSET AND DEATH
1 hour

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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. 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 **1961** to **9-Sept '63** and last saw her alive on **9-Sept 1963**
Death occurred at **12:20** P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Paul E. Wingard M.D.

22b. ADDRESS
Carrollton Mo.

22c. DATE SIGNED
9-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
9/11/1963

23c. NAME OF CEMETERY OR CREMATORY
Carroll Memory Gardens

23d. LOCATION (City, town, or county) (State)
Carrollton Mo.

24. FUNERAL DIRECTOR ADDRESS
Gibson Funeral Home, Carrollton, Mo.

25. DATE RECD. BY LOCAL REG.
9-10-63

26. REGISTRAR'S SIGNATURE
Mary Dean

(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

VS 300
Rev. 4/59
1 0171
2 0171
3
4 0
5 1
6
7 0
8 2
9 4201
10
11
12 5-0
13 2-0

SEP 26 1963

1963

OCT 1

MAY 26 1964

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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).

1. 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.