

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035264

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

1801

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 14 1963

1. PLACE OF DEATH

a. COUNTY

Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Poplar Bluff

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Poplar Bluff Hospital

Inside Limits
Yes ☒ No ☐

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

a. STATE

Missouri

b. COUNTY

Stoddard

c. CITY
OR TOWN

Essex

Inside Limits
Yes ☐ No ☒

d. STREET
ADDRESS

R. F. D. #1

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

John

Middle

Calvin

Last

Snider

4. DATE OF DEATH

Month

October

Day

2

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-20-1873

9. AGE (last birthday)

89

10. IF UNDER 1 YEAR

Month Days Hours Min.

10 22

11. IF UNDER 24 HR

Month Days Hours Min.

10 22

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

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Stoddard County, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

George W. Snider

13b. MOTHER'S MAIDEN NAME

Malinda Godwin

14. NAME OF HUSBAND OR WIFE

Nancy L. Snider (Dec'd)

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.

17. INFORMANT

Mrs. Mary Ellen Myers, Essex, 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)

Coronary Heart Failure

DUE TO (b)

Senile Arteriosclerosis

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

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour a.m. p.m.

20f. MONTH, DAY, YEAR

Month, Day, Year

20g. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20i. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1930 to 10-2-62 and last saw him alive on 10-2-62

Death occurred at 4:45 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

S. S. Davis

(Degree or title)

M. D.

22b. ADDRESS

Poplar Bluff, Missouri

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Dexter

23d. LOCATION (City, town, or county)

Dexter, Missouri

(State)

24. FUNERAL DIRECTOR

Rainey Funeral Home, Dexter, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

10/12/1963

26. REGISTRAR'S SIGNATURE

Shelma Graham

(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

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10128

21030

3

40

52

6

70

82

94500

10

11

124-0

131-0

APR 7 1964

1964
APR 7

0
0
0
0

0-14

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 Lucille Riney

Licensed Embalmer No. 4983

P. O. Address Dexter, 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.