

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040524

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 241

FILED NOV 12 1963

VS 300
Rev. 4/59

1 0551

2 1040

3

4 1

5 2

6

7 1

8 2

9 4221

10

11

12 1-0

13 7-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only)

Aurora

Length of stay in lb

1 day

c. FULL NAME OF (If NOT in hospital, give location)

Aurora Community

Inside Limits

Yes ☒ No ☐

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

a. STATE Missouri b. COUNTY Stone

c. CITY

Crane

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Betty

Middle

Last Snider

4. DATE

OF DEATH

Month November

Day 3

Year 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11/11/69

9. AGE (last birthday)

93

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)

House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Ill

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Tom Howard

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

-

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

Mrs John Murray, Crane, 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)

Dehydration - Acidosis

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

DUE TO (b)

General Debility - Anorexia, etc

DUE TO (c)

Generalized A.S.C.V.

INTERVAL BETWEEN ONSET AND DEATH

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 Month, Day, Year

a.m. p.m.

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 11/2/63 to 11/3/63 and last saw her alive on 11/3/63

Death occurred at 6 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

11/3/63

23c. NAME OF CEMETERY OR CREMATORY

Mars Hill

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

Barry County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Manlove Funeral Home, Crane, Mo

25. DATE RECD. BY LOCAL REG.

11-4-63

26. REGISTRAR'S SIGNATURE

Leonard Busby

