

FILED JAN 28 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1834

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 434 Registrar's No. \_\_\_\_\_

68

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Atlanta Macon Co. Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon Mo.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atlanta</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atlanta Mo. Rural</u>	
c. LENGTH OF STAY (In this place) <u>35 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shelburne</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Timothy</u> c. (Last) <u>Snow</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 20 1949</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 25 1863</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>85 5 7</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Kalamazoo Mich.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Orson Snow</u>		13b. MOTHER'S MAIDEN NAME <u>Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Snow</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Raymond Snow Atlanta Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 WKS</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis</u>				<u>unknown</u>	
		DUE TO (c) <u>unknown</u>				<u>1941</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u> <u>Pulmonary emphysema</u>				<u>unknown</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>D</u>	
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22. I hereby certify that I attended the deceased from 10-20, 1946, to 1-9, 1949, that I last saw the deceased alive on 1-2, 1949, and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature] M.D.</u>		23b. ADDRESS <u>Macon Mo</u>		23c. DATE SIGNED <u>1-9-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 6 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Labor</u>		24d. LOCATION (City, town, or county) (State) <u>Near Atlanta Macon Co Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 17 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature] 186</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. M. Woodring Atlanta Mo</u>	
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FEB 10 1949

RECEIVED

District Health Officer No. 10

District File Number 1-48-165

Date Filed JAN 27 1949

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 .....  
Student Embalmer

Signed H. M. Gooding

Licensed Embalmer No. 1750 J

P. O. Address Atlanta, 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 this body is not embalmed, fact should be so stated above.