

FILED MAR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7162

BIRTH NO.		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 6793		Registrar's No. 2		
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Taney</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hallister</u>		c. LENGTH OF STAY (in this place) <u>106</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hallister</u>		OR TOWN <u>MO</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>Beeral</u>				
3. NAME OF DECEASED a. (First) <u>Millie</u>		b. (Middle) <u>None</u>		c. (Last) <u>Snawden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 12 - 49</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept 5 - 1914</u>		
9. AGE (In years last birthday) <u>37</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours		IF UNDER 15 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>School Teacher</u>		11. BIRTHPLACE (State or foreign country) <u>Stone Co MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Willie Snawden</u>			13b. MOTHER'S MAIDEN NAME <u>Dora Hambree</u>			14. NAME OF HUSBAND OR WIFE <u>None</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>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Thelma Kellett</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Don't know</u> ANTECEDENT CAUSES Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Did not believe in medical care and has never had a doctor.</u> DUE TO (c) <u>Diabetes</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>has had severe pain in back of head with vertigo from mouth for the past year</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION						
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>						
22. I hereby certify that I attended the deceased from <u>Feb - 12, 1949</u> to <u>Feb - 12, 1949</u> , that I last saw the deceased <u>Beeral 2-12, 1949</u> , and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Ruby Fausch</u>				23b. ADDRESS <u>Carney 2 Branson Mo</u>		23c. DATE SIGNED <u>2-12-49</u>		
24a. BURLIAL, CREMATION, REMOVAL (Specify) <u>Beeral</u>		24b. DATE <u>2-16-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Branson MO</u>		
DATE REC'D BY LOCAL REG <u>Feb 15 49</u>		REGISTRAR'S SIGNATURE <u>S.E. Cogswell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Whelchel</u>		ADDRESS <u>Branson MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 349-232

Date Filed 3-4-49

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 _____

Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Minnie L. Wheldel

Licensed Embalmer No. 2277

P. O. Address *Draxton W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.