

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20148**

FILED JUL 12 1949

REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **4281** Registrar's No. **67**

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lewis</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Canton Canton</b>		c. LENGTH OF STAY (in this place) <b>Life</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Canton</b>		d. STREET ADDRESS (If rural, give location) <b>708 S. 4th</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EDWARD</b>	b. (Middle) <b>MORRIS</b>	c. (Last) <b>SNYDER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7/6/1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 25, 1873</b>	9. AGE (In years last birthday) <b>3</b>	IF UNDER 1 YEAR Months <b>11</b>	IF UNDER 48 HRS. Hours <b>11</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired mechanist</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Lewis County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John A. Snyder</b>	13b. MOTHER'S MAIDEN NAME <b>Sofia Spidle</b>	14. NAME OF HUSBAND OR WIFE <b>Dora B. Hamilton</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs James Horsman</b>	ADDRESS <b>Canton, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>4 DAYS</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>rise to the above cause (a) stating the underlying cause last.</b> DUE TO (c) <b>ARTERIO-SCLEROSIS</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>3-17</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **AUG**, 19**45**, to **JULY 6**, 19**49**, that I last saw the deceased alive on **JULY 6**, 19**49**, and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>P. St. Jennings MD</b> (Degree or title)	23b. ADDRESS <b>CANTON, Mo.</b>	23c. DATE SIGNED <b>7-8-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/8/1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lewistown Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lewistown, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-8-49</b>	REGISTRAR'S SIGNATURE <b>P. St. Jennings, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl H. Barkley</b>	ADDRESS <b>Canton, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer N  
District File Number 7-49  
Date Filed JUL 1 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.

Signed \_\_\_\_\_  
Student Embalmer

Signature Ed H. Buckley  
Licensed Embalmer No. 2615  
P. O. Address Canton, Mass.

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.