

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 26768-49 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Barry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. LENGTH OF STAY (in this place) <u>2 mos</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		2
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Vincent's Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>202 County St</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marsha</u> b. (Middle) <u>Ann</u> c. (Last) <u>Snider</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 11 1949</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>May 11-1949</u>		9. AGE (In years last birthday) <u>2</u> If over 1 year: Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTH PLACE (State or foreign country) <u>Monett Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Billy Gene Snider</u>		13b. MOTHER'S MAIDEN NAME <u>Shirley Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Billy G Snider - Monett Mo</u>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spine Byrd</u> INTERVAL BETWEEN ONSET AND DEATH <u>bulky</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>751X</u>			
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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 <input type="checkbox"/> 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 May 11, 1949, to July 11, 1949, that I last saw the deceased alive, on July 11, 1949, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Frank Kerr MD</u>		23b. ADDRESS <u>Monett Mo</u>	23c. DATE SIGNED <u>7/13/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 14, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Monett Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>7-13-49</u>	REGISTRAR'S SIGNATURE <u>W. M. West</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dillon Funeral Home - Monett Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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2
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RECEIVED

District Health Officer No. 6,
District File Number 749-834
Date Filed Feb 2-23-49

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Month No.

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.