

No. 300
10-48

FILED SEP 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31255

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Pemscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>	c. LENGTH OF STAY (in this place) <u>7 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u> 78	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>708 Franklin</u> 2	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlie</u> b. (Middle) <u>E</u> c. (Last) <u>Snider</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept - 22 - 49</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>3-11-1892</u>	9. AGE (in years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 24 HRS. Days <u>11</u>	IF UNDER 24 HRS. Hours <u>11</u>	IF UNDER 24 HRS. Min. <u>11</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>actor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Marble Hill MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Henry Snider</u>		13b. MOTHER'S MAIDEN NAME <u>Arlene Harris</u>		14. NAME OF HUSBAND OR WIFE <u>Roscoe Thurmon</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roscoe Thurmon</u>		ADDRESS <u>C-ville Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Gun shot Wound in head</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot Wound in head</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8:07 PM</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caruthersville Pemscot, Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 22, 1949 3:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self inflicted</u>		
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James A. Osburn, Coroner</u>		23b. ADDRESS <u>Caruthersville, Mo.</u>		23c. DATE SIGNED <u>9-25-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-24-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Near Charleston MO</u>	
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DATE REC'D BY LOCAL REG. <u>Sept 27 1949</u>	REGISTRAR'S SIGNATURE <u>Jessie B. Weeks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Berman Tondco</u>		ADDRESS <u>Steele Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

9-49-2065

OCT 2 1965

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 *John W German*
Licensed Embalmer No. *4355*

P. O. Address *Hayte, 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.