

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

38016

State File No.

FILED DEC 10 1949

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 9045 Registrar's No. 104

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Mississippi</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Mississippi</u>
c. LENGTH OF STAY (in this place) <u>13 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>407 S. 3rd. St.</u>		d. STREET ADDRESS (If rural: give location) <u>407 So. 3rd. St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lucinda</u>	b. (Middle) <u>Adeline</u>	c. (Last) <u>Snyder</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 1 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 14th, 1888</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Simms, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>No Record</u>	13b. MOTHER'S MAIDEN NAME <u>No Record</u>	14. NAME OF HUSBAND OR WIFE <u>Ulyssis E. Snyder, Dec'd.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Snyder, Charleston, Missouri.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>155x</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma of Gall bladder</u>		
	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 <u>Carcinoma of Gall bladder</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 JUNE, 1949, to Nov., 1949, that I last saw the deceased alive on Dec. 1, 1949, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. C. Bremel, M.D.</u>	23b. ADDRESS <u>Charleston, Mo.</u>	23c. DATE SIGNED <u>12-15-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-3-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Westwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Shawneetown, Illinois.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 7, 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. Les Kilgore</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Chas. H. ...</u>	ADDRESS <u>Charleston, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

67

DEC 8 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed ~~DEC 9~~ 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 _____

J. R. Munner

Signed _____
Student Embalmer

Licensed Embalmer No. 4413

P. O. Address Charleston, M

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.