

FILED MAR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3823**

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5086 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Bates</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Homer twp</u>		c. LENGTH OF STAY (in this place) <u>30</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Homer twp.</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Sarah</u>	b. (Middle) <u>Eulelia</u>	c. (Last) <u>Snell</u>	(Month) <u>Feb.</u>	(Day) <u>25</u>	(Year) <u>1950</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 20, 1887</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Brookfield Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Merdith Marmaduke</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Brewer</u>		14. NAME OF HUSBAND OR WIFE <u>W.H. Snell</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>W.H. Snell</u> ADDRESS <u>Amoret Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>30 Min.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		<u>Coronary Occlusion</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, 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.					<u>4201</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		
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?		

22. I hereby certify that I attended the deceased from Feb. 25, 1950, to Feb 25, 1950, that I last saw the deceased after death, 1950, and that death occurred at 5:30pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.H. Schreiber D.O.</u>		23b. ADDRESS <u>Amoret Mo.</u>		23c. DATE SIGNED <u>2-28-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill</u>		24d. LOCATION (City, town, or county) (State) <u>Butler Mo.</u>

DATE REC'D BY LOCAL REG. <u>Feb. 28-1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Archer Mangold</u> ADDRESS <u>Amsterdam</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

070

RECEIVED

District Health Officer No. 7,

District File Number 2-50-168

Date Filed 3-6-50

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 L. A. Mangold

Signed _____
Student Embalmer

Licensed Embalmer No. 3610

P. O. Address Amsterdam, 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.