No. 300
10-48

FILED MAR 13 1950

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

State File No. 5169

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 53

495
0

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

**1. PLACE OF DEATH**
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 79
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St John

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin 0495
d. STREET ADDRESS (If rural, give location): 501 Sergeant 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Taylor
b. (Middle):
c. (Last): Snapp

**4. DATE OF DEATH** (Month) (Day) (Year): 1-30-50

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: May 12, 1870
**9. AGE** (In years last birthday): 79 | IF UNDER 1 YEAR Months: 8 Days: 18 | IF UNDER 24 HRS. Hours: Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Joplin, Mo 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Hiram Snapp
**13b. MOTHER'S MAIDEN NAME**: Mary Ann Seal
**14. NAME OF HUSBAND OR WIFE**: Betty Snapp

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME**: Betty Snapp, 501 Sergeant ADDRESS: Joplin Mo

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Severe burns; second and third degree entire body — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c): 69160

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: 16

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
**21c.** (CITY, TOWN, OR TOWNSHIP): Joplin 121 (COUNTY): Jasper (STATE): Missouri

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 1 30 50 2:40p.m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Explosion (fumes from fuel oil)-basement.

For this condition

22. *I hereby certify that I attended the deceased from* 1-30, 1950, *to* 1-30, 1950, *that I last saw the deceased alive on* 1-30, 1950, *and that death occurred at* 7:30p *m., from the causes and on the date stated above.*

**23a. SIGNATURE** X [signature] 0 (Degree or title): M. D.
**23b. ADDRESS**: 420 Byers Avenue, Joplin, Missouri
**23c. DATE SIGNED**: 2-3-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial 11
**24b. DATE**: 2-2-50
**24c. NAME OF CEMETERY OR CREMATORY**: Mount Hope
**24d. LOCATION** (City, town, or county) (State): Webb City, Missouri

**DATE REC'D BY LOCAL REG.**: 2-7-50
**REGISTRAR'S SIGNATURE**: Edw. James 138 by Dolores Lempkins Jr.
**25. FUNERAL DIRECTOR'S SIGNATURE**: Parker-Hunsaker Mortuary ADDRESS: Joplin Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-14-50
Jasper County Health Office MAR 13 1950

County File Number 50-1-102

Date Filed 3-11-50

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**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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.