

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12177

State File No. ....

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tipton</u>	
c. LENGTH OF STAY (In this place) <u>3mo</u>		d. STREET ADDRESS (If rural, give location) <u>Tipton, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emmett</u> b. (Middle) <u>Aubrey</u> c. (Last) <u>Snodgrass</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 16 1950</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Sept 4, 1885</u>		9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cleaner &amp; Tailor</u>	
11. BIRTHPLACE (State or foreign country) <u>Tipton Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME <u>William Wood Swigart</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Carpenter</u>		14. NAME OF HUSBAND OR WIFE <u>Stola Ingersoll Snodgrass</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 (Address) <u>Hospital records</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiomyopathy</u>			<p>442X</p>	
		ANTECEDENT CAUSES				
		DUE TO (b) _____ DUE TO (c) _____				
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) (m.)		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 April 14, 1950, to April 16, 1950, that I last saw the deceased alive on April 16, 1950, and that death occurred at 1:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ralph Hinkle M.D.</u>		23b. ADDRESS <u>State Hosp. No. 1</u>		23c. DATE SIGNED <u>Apr 16, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>TIPTON CITY CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>TIPTON, MO.</u>		24e. LOCATION (City, town, or county) (State)			

DATE REC'D BY LOCAL REG. <u>April 22-1950</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		426		25. FUNERAL DIRECTOR'S SIGNATURE <u>St. F. K... Henshall</u>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 28 1950

District File No. \_\_\_\_\_

District Health Officer No. 5

RECEIVED APR 24 1950

APR 24 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Raymond C. Foster*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4626

P. O. Address: Versailles, 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.