

No. 300
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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 60

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17531

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>213</u>		PRIMARY REG. DIST. NO. <u>5781</u>		Registrar's No. <u>650</u>			
I. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cole</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lake Ozark</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> <u>0264</u>		d. STREET ADDRESS (If rural, give location) <u>904 E. High St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) <u>MERRILL</u>			a. (First) _____		b. (Middle) <u>MARK</u>		c. (Last) <u>SNELL</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>May 6 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 16, 1914</u>	
9. AGE (In years last birthday) <u>35</u>		IF UNDER 1 YEAR Months <u>6</u>		IF UNDER 2 HRS. Days <u>20</u>		IF UNDER 1 MIN. Hours _____		IF UNDER 1 MIN. Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Nowata, Okla.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Mark M. Snell</u>			13b. MOTHER'S MAIDEN NAME <u>Pearl Lindsey</u>			14. NAME OF HUSBAND OR WIFE <u>Bernice</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>40-09-6167</u>		17. INFORMANT'S SIGNATURE OR NAME _____				ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)									
MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>accidental drowned</u>								INTERVAL BETWEEN ONSET AND DEATH <u>89244</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) _____								<u>4 1/2'</u>	
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>066</u>							
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Brm. Sq. 1309. Dam</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Lake Ozark Miller Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>May 31, 1950</u>, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Walter P. Neuges, Coronar</u>					23b. ADDRESS <u>Berici, Mo</u>			23c. DATE SIGNED <u>5/31/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>June 6, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. C. R. Hawkins</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u>				
					ADDRESS _____				

RECEIVED

JUN 9 1950

MILLER COUNTY HEALTH
DEPARTMENT

JUN 12 1950

JUN 13 1950

KS JUN 9 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Louis D. Phillips

Licensed Embalmer No. *3669*

P. O. Address *Bellevue*

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.