

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31400

State File No. _____
Registrar's No. 42

FILED SEP 28 1950

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 4441

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

1. PLACE OF DEATH a. COUNTY <u>Randolph</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Clifton Hill</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clifton Hill</u> d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>Foster</u> c. (Last) <u>Snoddy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15, 1950</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>6/18/1856</u>
9. AGE (In years) (If under 1 year last birthday) (Month) (Days) <u>94</u>		10. KIND OF BUSINESS OR INDUSTRY <u>lumber</u>	11. BIRTHPLACE (State or foreign country) <u>Armstrong, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired lumberman</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Samuel Snoddy</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Harvey</u>	14. NAME OF HUSBAND OR WIFE <u>Nannie Riggs Snoddy</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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E.E. Hurt; Clifton Hill, Mo.</u>
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) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions? if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 <u>Aug. 1, 1950</u> , to <u>Sept. 15, 1950</u> , that I last saw the deceased alive on <u>Sept. 15, 1950</u> , and that death occurred at <u>5:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. Noel Raines, D.O.</u>		23b. ADDRESS <u>Clifton Hill, Mo.</u>	23c. DATE SIGNED <u>9/16/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9/17/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Armstrong, Missouri</u>
DATE REC'D BY LOCAL REG. <u>9/23/50</u>	REGISTRAR'S SIGNATURE <u>Mrs. L.A. Barnhart</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tom B. Patton</u> <u>Hunterville</u>	

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Date Received: **SEP 26 1950**
DISTRICT HEALTH OFFICE #2
District File Number *9-50-1570*
Date Filed: **SEP 26 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 *Tom B Patton*.....

Licensed Embalmer No. *3914*.....

P. O. Address *Huntsville, Va*.....

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.