

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40235**

BIRTH NO. _____		REG. DIST. NO. 99	PRIMARY REG. DIST. NO. 4170	Registrar's No. 67
1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY DeKalb		
b. CITY OR TOWN Union Star		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star Mo 0327		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) Alvis		b. (Middle) P.		c. (Last) Snodderly
4. DATE OF DEATH (Month) (Day) (Year) Dec. 25 50		5. SEX M		
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH June 5, 1868
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 6 Days 20		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Tenn
12. CITIZEN OF WHAT COUNTRY? U.S		13a. FATHER'S NAME Unknown		
13b. MOTHER'S MAIDEN NAME Matilda Wilson		14. NAME OF HUSBAND OR WIFE Lousia		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME James Snodderly
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 wk.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Asthma		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				241X
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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 Dec 15, 1950 to Dec 25, 1950 , that I last saw the deceased alive on Dec 25, 1950 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE E. M. Reynolds (Degree or title) MD		23b. ADDRESS Union Star Mo		23c. DATE SIGNED 12-26-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 27/50		24c. NAME OF CEMETERY OR CREMATORY Union Chapel
24d. LOCATION (City, town, or county) (State) East of Helena, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Roland D. Clark ADDRESS King City		
DATE REC'D BY LOCAL REG. 1-4-51		REGISTRAR'S SIGNATURE Roscoe Davidson 82		

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

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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

Roland D. Clark

Licensed Embalmer No.

4477

P. O. Address

King City, 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.