

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 5811 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Danville Twn		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Danville Twn	
c. LENGTH OF STAY (in this place) 1 yr		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) XX c. (Last) Snethen		4. DATE OF DEATH (Month) (Day) (Year) 12-28-50	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never	8. DATE OF BIRTH unknown
9. AGE (In years last birthday) About 90		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Farm	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New Florence Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME no	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Robinson Danville 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Interstitial Nephritis		7 DAYS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Retention of urine 2 WEEKS DUE TO (c) HYPERTROPHIED PROSTATE 2 YEARS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1-11 X	

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 **12-19** ¹⁹⁵⁰ to **12-20**, 1950, that I last saw the deceased alive on **12-24**, 1950, and that death occurred at **1:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. H. Van Arsdale D.O.		23b. ADDRESS Montgomery City Mo	23c. DATE SIGNED 12-29-50
24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE 12-30-50	24c. NAME OF CEMETERY OR CREMATORY Montgomery City	24d. LOCATION (City, town, or county) (State) Montgomery City Mo
DATE REC'D BY LOCAL REG. 12/30/50	REGISTRAR'S SIGNATURE Bernice E. Wyatt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. W. Hopkins Montgomery City Mo	

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

DISTRICT HEALTH OFFICE No. 4

JAN 2 1951

RECEIVED

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, ~~on~~ on the 28 th day of Dec 1950

working under my personal supervision.

Student Embalmer No.

C. W. Hopkins

Signed.....

C. W. Hopkins

Signed.....

Student Embalmer

Licensed Embalmer No. I487

P. O. Address Montgomery 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.