

S. No. 300
V. 10.48

FILED MAR 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3798

State File No.

BIRTH NO. REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 10

0100

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

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>CENTRALIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Centralia</u> 0100	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>East Quinn St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East Quinn St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lizzie</u> b. (Middle) <u>MAY</u> c. (Last) <u>SNEED</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-20-1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May-30-1878</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>72 8 20</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dress Making</u>	11. BIRTH PLACE (State or foreign country) <u>Sturgeon, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>W.B. Sneed</u>	13b. MOTHER'S MAIDEN NAME <u>Kate Hawkins</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>
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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 ADDRESS <u>Leota McCallough, Centralia, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>unknown</u> <u>444x</u> <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial hypertension</u> DUE TO (c) <u>Cold</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 29, 1948, to Feb 20, 1951, that I last saw the deceased alive on Feb 20, 1951, and that death occurred at 5:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. LaChance, M.D.</u>	23b. ADDRESS <u>Centralia, Mo.</u>	23c. DATE SIGNED <u>2-21-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-22-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb 21-1951</u>	REGISTRAR'S SIGNATURE <u>Maud McBruden</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul O. Ballou, Centralia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-28-51

MAY 7 1951

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 *Paul P. Baller*

Licensed Embalmer No. 4206

P. O. Address *Centralia, 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.