

STANDARD CERTIFICATE OF DEATH

State File No. 29872

BIRTH NO.		REG. DIST. NO. 96		PRIMARY REG. DIST. NO. 5357		Registrar's No. 73	
1. PLACE OF DEATH a. COUNTY Dallas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dallas			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Red Top Rural				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Red Top Rural			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) BURLEY b. (Middle) BURTON c. (Last) SNODGRASS			4. DATE OF DEATH (Month) (Day) (Year) 9-10-1951				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced		8. DATE OF BIRTH 3-3-1886	
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Andrew Snodgrass		13b. MOTHER'S MAIDEN NAME Nancy Johnson		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Ben Stafford			
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) Virus Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 12 days	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
		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 492x				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 Aug. 30, 1951, to Sept 10, 1951, that I last saw the deceased alive on Sept 9, 1951, and that death occurred at 12 a. m., from the causes and on the date stated above.							
23a. SIGNATURE D. O. Cannon				23b. ADDRESS Buffalo Mo.		23c. DATE SIGNED 9-11-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9-12-1951		24c. NAME OF CEMETERY OR CREMATORY Mt Olive		24d. LOCATION (City, town, or county) (State) Dallas Mo	
DATE REC'D BY LOCAL REG. 9/22/51		REGISTRAR'S SIGNATURE Mr J. B. Jones		25. FUNERAL DIRECTOR'S SIGNATURE K B Jones		ADDRESS Buffalo Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 24 1951

Dist. File 9-24-51
Date Filed 9-29-51

OCT 3 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Leonard B. Jones

Licensed Embalmer No. 2508

P. O. Address Bluffdale 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.