

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30733**

FILED OCT 8 1951

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>5646</u>		Registrar's No. <u>79</u>		
1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		0550		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1 MARIONVILLE</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. 1 MARIONVILLE</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>S.</u> c. (Last) <u>SNODGRASS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 15, 1951</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>July 5, 1875</u>		
9. AGE (In years last birthday) <u>76</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>Taney County, MO.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>MONROE SNODGRASS</u>			13b. MOTHER'S MARDEN NAME <u>Margret BATHAM</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ALMAN SNODGRASS</u> ADDRESS <u>Springfield</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchopneumonia</u> <u>4222</u> <u>10 days</u>						
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>9/7, 1951</u> , to <u>9/15, 1951</u> , that I last saw the deceased alive on <u>9/12, 1951</u> , and that death occurred at <u>10</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>L. J. Travis</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Mt Vernon, MO.</u>			23c. DATE SIGNED <u>9/17/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9/17/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Halltown</u>		24d. LOCATION (City, town, or county) (State) <u>Halltown, MO.</u>		
DATE REC'D BY LOCAL REG. <u>Sept. 26-51</u>		REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MAX Fossett</u> ADDRESS <u>Funeral Home Republic</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0550

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

RECEIVED OCT 1 1951

Dist. File 1057-1248

Date Filed 10-4-51

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 Gene C. Hunter

Licensed Embalmer No. 4739

P. O. Address Republic, 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.