

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41313

State File No. _____

DEC 22 1951

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1082

396

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

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jenkins Rural</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Springfield Baptist Hospital</u>			

3. NAME OF DECEASED (First) <u>Rosa (Dollie)</u>	b. (Middle) <u>Nelle</u>	c. (Last) <u>Snider</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 21, 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>Married</u>	8. DATE OF BIRTH <u>Aug. 13, 1983</u>	9. AGE (In years last birthday) <u>68</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MIN. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Cape Fair Stone Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Burton C. Carr</u>	13b. MOTHER'S MAIDEN NAME <u>Willie Edwards</u>	14. NAME OF HUSBAND OR WIFE <u>John C. Snider</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John C. Snider</u>	ADDRESS <u>Jenkins 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis, generalized</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma sigmoid colon 8 mos</u>		
	DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION <u>7/20/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma sigmoid colon & liver</u>	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) <u>153X</u>
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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 7-15-51, to 7-21-51, that I last saw the deceased alive on 7-20-51, and that death occurred at 6A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward B. Hall MD</u> (Degree or title)	23b. ADDRESS <u>Springfield, Missouri</u>	23c. DATE SIGNED <u>12/21/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-21-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>	24d. LOCATION (City, town, or county) (State) <u>Cassville, Barry, Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-22-51</u>	REGISTRAR'S SIGNATURE <u>W. G. Deane</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Roon</u>	ADDRESS <u>Cassville, Mo</u>
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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.

Signed _____

W. C. Kour

Signed _____

Student Embalmer

Licensed Embalmer No. *4359*

P. O. Address *Cassville, 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.