

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12354**

FILED APR 30 1952

BIRTH NO. _____		REG. DIST. NO. 70		PRIMARY REG. DIST. NO. 3280		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY Clark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clark			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. LENGTH OF STAY (in this place) 76 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		0230	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln Hosp				d. STREET ADDRESS (If rural, give location) Lincoln Hosp			
3. NAME OF DECEASED (Type or Print), a. (First) Charles b. (Middle) Franklin c. (Last) Snyder			4. DATE OF DEATH (Month) (Day) (Year) 4-10-1952				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH 2-18-1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 10 yrs. Hours Mts.	
10a. 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) Clark Co. Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME B. F. Snyder		13b. MOTHER'S MAIDEN NAME Ella Hankness		14. NAME OF HUSBAND OR WIFE Jessie Cook			
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. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm Jessie Snyder Ashton 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH month	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		1561		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 Jan 1, 1952 , to Apr 10, 1952 , that I last saw the deceased alive on Apr 10, 1952 , and that death occurred at 10 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Perry S. Barton D.O.				23b. ADDRESS Kalooka, Mo.		23c. DATE SIGNED 4-11-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-12-52	24c. NAME OF CEMETERY OR CREMATORY Ashton Cemetery		24d. LOCATION (City, town, or county) (State) Near Ashton Mo.		
DATE REC'D BY LOCAL REG. 4/21-52		REGISTRAR'S SIGNATURE J. W. ...		25. FUNERAL DIRECTOR'S SIGNATURE Fred ...		ADDRESS Kalooka Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.