

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **721**

| | | | |
|------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan 0117 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0 | |
| c. LENGTH OF STAY (in this place) 50 yrs. | | d. STREET ADDRESS (If rural, give location) 504 N. 26th Street | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 504 N. 26th Street | | e. FULL NAME OF HOSPITAL OR INSTITUTION 504 N. 26th Street | |

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) LeRoy b. (Middle) E. c. (Last) Snodgrass | | | 4. DATE OF DEATH (Month) (Day) (Year) July 5, 1952 | | |
|--------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------|--|--|

| | | | | | | | | |
|---------------------------|----------------------------------|----------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| 5. SEX male () | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married / | 8. DATE OF BIRTH June 1, 1881 | 9. AGE (in years last birthday) 71 | IF UNDER 1 YEAR Months 1 | IF UNDER 1 YEAR Days 4 | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|---------------------------|----------------------------------|----------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|

| | | | |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper | 10b. KIND OF BUSINESS OR INDUSTRY Barrow Inv. Co. | 11. BIRTHPLACE (State or foreign country) Atchison, Kansas / | 12. CITIZEN OF WHAT COUNTRY? USA |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------|

| | | |
|--------------------------------------------------|---------------------------------------------|----------------------------------------------------------|
| 13a. FATHER'S NAME Morgan E. Snodgrass | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE Sarah V. Snodgrass |
|--------------------------------------------------|---------------------------------------------|----------------------------------------------------------|

| | | | |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------|-----------------------------------------------|
| 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. none | 17. INFORMANT'S SIGNATURE OR NAME Sarah V. Snodgrass | ADDRESS 504 N. 26th St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 5 years + |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic Heart disease | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Generalized arteriosclerosis DUE TO (c) Hypertension | | |
| 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 4200 | 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 **4-18**, 19**50**, to **7-5**, 19**52**, that I last saw the deceased alive on **7-3**, 19**52**, and that death occurred at **7:27A.** m., from the causes and on the date stated above.

| | | |
|----------------------------------------------------------------|----------------------------------------|-----------------------------------|
| 23a. SIGNATURE (Degree or title) Irwin Shrental M.D. | 23b. ADDRESS St. Joseph, Mo. | 23c. DATE SIGNED 7-5-52 |
|----------------------------------------------------------------|----------------------------------------|-----------------------------------|

| | | | |
|------------------------------------------------------------|------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 7/7/1952 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo. |
|------------------------------------------------------------|------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------|

| | | | |
|--------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------|
| DATE REC'D BY LOCAL REG. July 10, 1952 | REGISTRAR'S SIGNATURE Carl C. Casper | 25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman Funeral Home | ADDRESS St. Joseph, Mo. |
|--------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------|

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

117

B. Pearson Thome

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 *James B. Hawkins*
Licensed Embalmer No. 4531

P. O. Address 319 South 10th St. Jones

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.