

FILED JUN 16 1952
6-9-52

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19952
Registrar's No. 49

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5341

0290

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

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural South twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural South twp	
c. LENGTH OF STAY (in this place) 23 years		d. STREET ADDRESS (If rural, give location) 3mi S.E. of Pennsboro	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3mi S.E. Pennsboro			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Elizabeth c. (Last) Snadon			4. DATE OF DEATH (Month) (Day) (Year) June 6, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 8, 1909		9. AGE (In years last birthday) 42		10. IF UNDER 1 YEAR: Days 5 Hours 28 Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Greenfield Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Newton H. Butterworth		13b. MOTHER'S MAIDEN NAME Lulu Belle Emerson		14. NAME OF HUSBAND OR WIFE Benjamin Snadon	
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 Benjamin Snadon, Rm 7 So. Greenfield Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) suicide 22 cal. bullet in brain					
		ANTECEDENT CAUSES					
		DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. E976 X					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) So. Greenfield Rm 7 Dade Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 6 '52 2:00 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? self inflicted	

22. I hereby certify that I attended the deceased from **4-1-1952** to **6-6-1952**, that I last saw the deceased alive on **June 1, 1952**, and that death occurred at **2 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. O. Cowan M.D.		23b. ADDRESS Greenfield Mo		23c. DATE SIGNED 6-7-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 9, 1952		24c. NAME OF CEMETERY OR CREMATORY Pennsboro Cemetery		24d. LOCATION (City, town, or county) (State) Pennsboro, Mo.	
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DATE REC'D BY LOCAL REG. 6-9-52		REGISTRAR'S SIGNATURE Geo. C. Weirby J. C. Canada		5. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada		ADDRESS Greenfield, Mo.	
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

J. C. Canada

Signed.....
Student Embalmer

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, 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.