

SEP 8 - 1952

STANDARD CERTIFICATE OF DEATH

State File No. **27349**

BIRTH NO. _____ REG. DIST. NO. **46** PRIMARY REG. DIST. NO. **4063** Registrar's No. **35**

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

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) Hamilton		c. CITY (If outside corporate limits, write RURAL and give township) Hamilton 130	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) S. Davis St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Crawford	b. (Middle) Neil	c. (Last) Snider	4. DATE OF DEATH (Month) (Day) (Year) 9-1-1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2-22-1907	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR (Months) 6	IF UNDER 1 DAY (Hours) 9	IF UNDER 1 MIN. (Hours) —	IF UNDER 1 MIN. (Min.) —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Hamilton Mo		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME John Snider	13b. MOTHER'S MAIDEN NAME Lula Crawford	14. NAME OF HUSBAND OR WIFE
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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. 496-026376	17. INFORMANT'S SIGNATURE OR NAME John Snider	ADDRESS Hamilton Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes		INTERVAL BETWEEN ONSET AND DEATH 6 1/2 12 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Insulin Shock		
	DUE TO (c)		
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 260x	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)
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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 **not at all**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE C. H. Wilson MD	(Degree or title) Coroner Caldwell	23b. ADDRESS Polo Mo	23c. DATE SIGNED 9/1-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/3/52	24c. NAME OF CEMETERY OR CREMATORY Highland	24d. LOCATION (City, town, or county) (State) Hamilton Mo
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DATE REC'D BY LOCAL REG. 9-4-52	REGISTRAR'S SIGNATURE Gladys Jones	25. FUNERAL DIRECTOR'S SIGNATURE Bram	ADDRESS Funeral Home Hamilton
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no

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

R. Lester Bram

Licensed Embalmer No. *4472*

P. O. Address *Hamilton, N.Y.*

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.