

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27774  
754

FILED AUG 18 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Greene 0396</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene 0396</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>	
c. LENGTH OF STAY (in this place) <b>1 week</b>		d. STREET ADDRESS (If rural, give location) <b>1461 E. Blaine Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JAMES</b>	b. (Middle) <b>MARTIN</b>	c. (Last) <b>SNOW</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 11, 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>27 Oct 1872</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. <b>79</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Greene County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Snow</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Lee</b>	14. NAME OF HUSBAND OR WIFE <b>Cora Snow</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Fred Snow, 1819 S. Holland Avenue, Springfield, Missouri.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Barbiturate poisoning</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>E9702</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchopneumonia</b>		<b>Several days</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY! YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Springfield, Greene, Missouri</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>August 4, 1952 3a m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Took 45 tablets of Phen. Barb.</b>
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22. I hereby certify that I attended the deceased from **Aug 4, 1952**, to **Aug 11, 1952**, that I last saw the deceased alive on **Aug 11, 1952**, and that death occurred at **6:45 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edward Marcus</b>	(Degree or title) <b>Med D</b>	23b. ADDRESS <b>Woodruff Bldg.</b>	23c. DATE SIGNED <b>8/11/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>13 Aug. 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Galloway Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Galloway, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>8-13-52</b>	REGISTRAR'S SIGNATURE <b>Edith Wellman</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fred C. Thieme, Springfield, Missouri.</b>
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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 Ralph H. Threine

Licensed Embalmer No. 3581

P. O. Address Springfield, Missouri

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.