

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27415**

FILED AUG 14 1953

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **307A** Registrar's No. **123**

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott					
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston,		c. LENGTH OF STAY (If applicable) 18 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Sikeston,		1003			
d. FULL NAME OF HOSPITAL OR INSTITUTION 109 Westgate St.				d. STREET ADDRESS (If rural, give location) 109 Westgate Street					
3. NAME OF DECEASED a. (First) Roger (Type or Print)			b. (Middle) XXXXXX		c. (Last) Snelling		4. DATE OF DEATH (Month) (Day) (Year) July 23, 1953		
5. SEX Male 2		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 8, 1902		9. AGE (In years) (last birthday) 51 If UNDER 1 YEAR (Month) (Day) (Year) 2 15 If UNDER 1 HR. (Hour) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor			10b. KIND OF BUSINESS OR INDUSTRY Common Labor			11. BIRTHPLACE (City and State or Foreign Country) Arkansas - 1		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Willie Snelling			13b. MOTHER'S MAIDEN NAME —			14. NAME OF HUSBAND OR WIFE Viola Snelling			
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 ADDRESS Viola Snelling 109 Westgate St.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable pulmonary embolus. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic heart disease 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/16x						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)			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 Sept., 1950 , to 7-23, 1953 , that I last saw the deceased alive on 6-20, 1953 , and that death occurred at 7:00 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) E. D. Urban M.D.				23b. ADDRESS Sikeston, Mo.			23c. DATE SIGNED 7/25/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-26-53		24c. NAME OF CEMETERY OR CREMATORY City Cem. Col. Paint Pleasant		24d. LOCATION (City, town, or county) (State) Mo			
DATE REC'D BY LOCAL REG. 8-4-53		REGISTRAR'S SIGNATURE Mrs. Ella Hunter 149			25. FUNERAL DIRECTOR'S SIGNATURE Fred Smith 1212 Main St				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SCOTT COUNTY HEALTH CENTER

AUG 10 1959

CO. FILE NO. 853-182

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. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.