

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

315

State File No.

Registrar's No. 96

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (in this place) 53 yrs.		d. STREET ADDRESS (If rural, give location) 5603 King Hill Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		e. 117 0	
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) A c. (Last) SNYDER			4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 24, 1881
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Kidder, Missouri
10b. KIND OF BUSINESS OR INDUSTRY Own home		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Aaron Whitaker		13b. MOTHER'S MAIDEN NAME Elizabeth Roney	
13c. NAME OF HUSBAND OR WIFE Thomas N. Snyder		14. NAME OF HUSBAND OR WIFE Thomas N. Snyder	
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 Thomas N. Snyder		ADDRESS 5603 King Hill Av.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 9 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) Essential Hypertension	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331 X	
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) (Min.)		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 Jan. 19, 1954 , to Jan. 28, 1954 , that I last saw the deceased alive on Jan. 28, 1954 , and that death occurred at 6:30p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Sharon E. Waggoner M.D.		23b. ADDRESS 301 Illinois Ave. St. Joseph 1-29-54	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 30, 1954	
24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Feb 1, 1954		REGISTRAR'S SIGNATURE Rosher M. Allison	
5. FEDERAL DIRECTOR'S SIGNATURE Clark		ADDRESS 120 Illinois Av. St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Erna Clark

Licensed Embalmer No. *4238*

P. O. Address *St. Joseph 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.