

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2198

State File No.

FILED FEB 1 1954 REG. DIST. NO. V51 PRIMARY REG. DIST. NO. 5859 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stidmore-rural</u> LENGTH OF STAY (in this place) <u>2 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stidmore-rural</u> 0740	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED a. (First) <u>Jacob</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Snowberger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-23-1954</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>8-18-1902</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months Days Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (State or foreign country) <u>Graham-Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>Theodore Snowberger</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Shambarger-Alma W. Snowberger</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alma Snowberger-Stidmore Mo.</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Hypertension</u>			2 yrs.
		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 <u>no operations</u>		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 <u>not attended</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>not seen</u> , and that death occurred at _____ m., from the causes and on the date stated above.					

22a. SIGNATURE <u>J. E. Dean - Coroner M.D.</u> (Degree or title)		22b. ADDRESS <u>Maryville, Mo.</u>		22c. DATE SIGNED <u>1-25-54</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>1-26-1954</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cem - Maryville - Mo</u>	
23d. LOCATION (City, town, or county) (State)		24. FURNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. K. Johnson Maryville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-30-54</u>		REGISTRAR'S SIGNATURE <u>Bess Hult</u> 229-4			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

140

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

G. M. Atkinson

Licensed Embalmer No. *2279*

P. O. Address *Maryville, 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.