

MILL MAY 11 1954

STANDARD CERTIFICATE OF DEATH

State File No. 12450

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		Registrar's No. 54	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jasper		b. STATE Missouri		a. STATE Missouri		b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City Mo.		c. LENGTH OF STAY (In this place) 3 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City, Missouri			
d. FULL NAME OF HOSPITAL OR INSTITUTION 807 W. Austin				d. STREET ADDRESS (If rural, give location) 807 West Austin			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Mrs. Arvilla	b. (Middle) Margarett	c. (Last) Snellings	Month May	Day 6	Year 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 7, 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 29	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Green Bay Wisc.		12. CITIZEN OF WHAT COUNTRY? U.S.a.	
13a. FATHER'S NAME Charles DeLong		13b. MOTHER'S MAIDEN NAME Bertha Greeley		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) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Raymond Daniels, Webb City, Mo.			
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 30 days	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion						
	ANTECEDENT CAUSES						
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
	DUE TO (b)						
	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					
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)		21d. (STATE)	
				4201			
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 4-24, 1954, to 5-6, 1954, that I last saw the deceased alive on 5-6, 1954, and that death occurred at 9:30 p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.D. Laughter D.O. 2				23b. ADDRESS Webb City, Mo.		23c. DATE SIGNED 5-7-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-10-54	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Mo.			
DATE REC'D BY LOCAL REG. 5-8-54		REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce		ADDRESS Simpson Mortuary Webb City, Mo	

(Licensed Emballer's Statement on Reverse Side)

Webb City, Mo

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

RECEIVED MAY 10 1954
Wasper County Health Office
County File Number 54-5-363
to Filed MAY 10 1954

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 Harvey E. Amee

Licensed Embalmer No. 4463

P. O. Address Wesley City, 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.