

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26363

State File No.

FILED JAN 30 1954

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BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 920

WRITE PLAINLY—USING 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 township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 30 years	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION Goforth Nursing Home 1804 Faraon St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
f. STREET ADDRESS 2225 Jules St.		(If rural, give location) 01170	

3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Jane c. (Last) Snoderly			4. DATE OF DEATH (Month) (Day) (Year) August 20, 1954		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH May 15, 1861		9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months Days IF UNDER 2 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 own home		11. BIRTHPLACE (City and State or Foreign Country) Union County, Tenn.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Booker		13b. MOTHER'S MAIDEN NAME Mary Baker	
14. NAME OF HUSBAND OR WIFE Lewis		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 Mrs. Frankie Anderson		ADDRESS 2225 Jules, St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Accident		INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		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) (m.)		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 7 Dec, 1954, to 20 Aug, 1954, that I last saw the deceased alive on 16 Aug, 1954, and that death occurred at 5:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lucia Rozenthal M.D.		23b. ADDRESS St Joseph MO		23c. DATE SIGNED 8-21-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/22/1954		24c. NAME OF CEMETERY OR CREMATORY Union Chapel Cemetery	
24d. LOCATION (City, town, or county) (State) DeKalb County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bauwien			
25. ADDRESS St Joseph, Mo		DATE REC'D BY LOCAL REG. Aug 25, 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 ml..... Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard D. Collins.....

Licensed Embalmer No. 495.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.