

36793

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED DEC 8 1954

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 6220 Registrar's No. 187

1. PLACE OF DEATH
a. COUNTY Cass

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Cass

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Polk c. LENGTH OF STAY (In this place) 3 years c. CITY OR TOWN _____ d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Mo. S. E. Strasburg, Mo. e. STREET ADDRESS (If rural, give location) 4 miles S. E. Strasburg, Mo.

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Lee c. (Last) Snow 4. DATE OF DEATH (Month) (Day) (Year) 11-20-1954

5. SEX male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 8. DATE OF BIRTH 11-26-1889 9. AGE (In years last birthday) 64 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) farmer 10b. KIND OF BUSINESS OR INDUSTRY farming 11. BIRTHPLACE (City and State or Foreign Country) Urick, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Leo Snow 13b. MOTHER'S MAIDEN NAME Martha Jane Williams 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) yes world 1 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME E. L. Snow ADDRESS Pleasant Hill, Mo.

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) Traumatic Shock INTERVAL BETWEEN ONSET AND DEATH sudden

ANTECEDENT CAUSES Crushing chest injury sudden.

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

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 E9121
3

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 NO

21a. ACCIDENT (Specify) accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) F arm 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Strasburg (Pond) Cass 01 of Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 20 54 5Pm. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? lost control of moving tractor, struck tree

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Reard Jauder (coroner) 23b. ADDRESS Pleasant Hill, Mo 23c. DATE SIGNED 11/23/54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 11-24-1954 24c. NAME OF CEMETERY OR CREMATORY Gunn City Cem 24d. LOCATION (City, town, or county) (State) Gunn City, Mo.

DATE REC'D BY LOCAL REG. Nov 26 1954 REGISTRAR'S SIGNATURE Dora Barnard 457-0 25. FUNERAL DIRECTOR'S SIGNATURE Allen Brownfield ADDRESS Pleasant Hill, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 2 2 1954

RECEIVED
NOV 29 1954
HEALTH DEPARTMENT

DEC 1 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 Byron J. Bell, Student Embalmer No. 509 working under my personal supervision..

Student Byron J. Bell
Signature of Student Embalmer

Signed Allen Brownfield

Licensed Embalmer No. 378
P. O. Address Pleasant H.

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.