

FILED DEC 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39891**

BIRTH NO. _____ REG. DIST. NO. **349** PRIMARY REG. DIST. NO. **4513** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green Castle		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green Castle	
c. LENGTH OF STAY (in this place) 15 yrs		d. STREET ADDRESS (If rural, give location) No street address	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Green Castle			

3. NAME OF DECEASED (Type or Print)	a. (First) Reuben	b. (Middle) Milo	c. (Last) Snyder	4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 4, 1899	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY General farming	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Samuel Snyder	13b. MOTHER'S MAIDEN NAME Nancy Bishop	14. NAME OF HUSBAND OR WIFE Pearl Snyder
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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. 481-03-4288	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pearl Snyder, Green Castle, Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 Min 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Heart Disease 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4201
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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?
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22. I hereby certify that I attended the deceased from **Dec 4, 1954**, to **Dec 4, 1954**, that I last saw the deceased **did not** on **Dec 4, 1954**, and that death occurred at **6 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. Garrison	(Degree or title) M.D.	23b. ADDRESS Newburg Mo	23c. DATE SIGNED 12-4-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Dec. 7, 1954	24c. NAME OF CEMETERY OR CREMATORY Green Castle Cemetery	24d. LOCATION (City, town, or county) (State) Green Castle, Mo.
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DATE REC'D BY LOCAL REG. 12-8-54	REGISTRAR'S SIGNATURE Agnes L. Page	504	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Allen E. Kent & Son, Green City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1050

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 Karl R. Kent.....

Licensed Embalmer No. 4689.....

P. O. Address. Green 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.