

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. 227		PRIMARY REG. DIST. NO. 4339		Registrar's No. 10		
1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE				
b. CITY OR TOWN PARIS		c. LENGTH OF STAY (in this place) 50 YRS		c. CITY OR TOWN PARIS		0690		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0				
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) FREDRICK c. (Last) SNIDOW			4. DATE OF DEATH (Month) (Day) (Year) FEB. 5, 1955					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT. 7, 1880		
9. AGE (In years last birthday) 74		# UNDER 1 YEAR Months		# UNDER 1 YEAR Days		# UNDER 1 YEAR Hours Mins.		
10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) PAINTER - PAPEHANGERS			10b. KIND OF BUSINESS OR INDUSTRY HOUSE PAINTING & TAPERING		11. BIRTHPLACE (City and State or Foreign Country) MONROE Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME WALTER H. SNIDOW			13b. MOTHER'S MAIDEN NAME EMMA HENDREN		14. NAME OF HUSBAND OR WIFE MATTIE W. SNIDOW			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. JAS. F. SNIDOW, PARIS, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism 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.					INTERVAL BETWEEN ONSET AND DEATH 3 Days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3-31 X					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 2-2 , 1955, to 2-5 , 1955, that I last saw the deceased alive on 2-5 , 1955, and that death occurred at 10:18 P. M. , from the causes and on the date stated above.								
23a. SIGNATURE W. M. [Signature] (Degree or title) M.D.				23b. ADDRESS PARIS, MO.		23c. DATE SIGNED 2-6-55		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-7-55		24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		24d. LOCATION (City, town, or county) (State) PARIS, MO.		
DATE REC'D BY LOCAL 2-6-55		REGISTRAR'S SIGNATURE J. D. [Signature] 43573			25. GENERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS PARIS, MISSOURI	

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

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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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.