

STANDARD CERTIFICATE OF DEATH

4591

State File No.

FILED MAR 14 1955

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>4202</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits write RURAL and give township) <u>Spickard</u>		c. LENGTH OF STAY (in this place) <u>3 mo</u>		c. CITY OR TOWN <u>Galt</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>0100</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u>		b. (Middle) <u>ELLEN</u>		c. (Last) <u>SNAPP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-22-1955</u>	
5. SEX <u>f</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>12-5-1869</u>	
9. AGE (in years last birthday) <u>85</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Harriott</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Cahoon</u>			14. NAME OF HUSBAND OR WIFE <u>Ben Snapp</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Cooper Trenton Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>	
		ANTECEDENT CAUSES 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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>331 X</u>			
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 <u>1-21</u> , 19 <u>55</u> , to <u>1-22</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-21</u> , 19 <u>55</u> and that death occurred at <u>2:14 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Oliver F. Dooly M.D.</u> (Degree or title)				23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>Jan 22 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-24-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Half Rock Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Spickard Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-24-55</u>		REGISTRAR'S SIGNATURE <u>Deena Jan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>PK Payne</u>		ADDRESS <u>San Galt Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *PK Payne Jr*.....

Licensed Embalmer No. *340*.....

P. O. Address *Galt*.....

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.