

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5615

FILED MAR 1 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5797 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> <u>0680</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fortuna</u>		c. CITY OR TOWN <u>Fortuna</u>	
c. LENGTH OF STAY (in this place) <u>14 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>-</u>		STREET ADDRESS (If rural, give location) <u>0680</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>HARRISON</u> c. (Last) <u>SNORGRASS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19, 1955</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Feb. 20, 1882</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Days <u>11</u> Hours <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Tipton, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>W.W. Snorgrass</u>		13b. MOTHER'S MAIDEN NAME <u>Liza Carpenter</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Willie Woodson Snorgrass</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Glova Snorgrass, son, Kansas City, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Cerebral vascular accident</u> <u>5 day</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Degenerative Heart Disease</u> <u>3 years</u>	
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"/>	
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 Sept. 1954 to Feb. 19, 1955, that I last saw the deceased alive on Feb. 18, 1955, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ray Lyle, M.D.</u> (Degree or title)		23b. ADDRESS <u>Versailles, Mo</u>		23c. DATE SIGNED <u>2-21-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 21, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Versailles, Mo.</u>		DATE REC'D BY LOCAL REG. <u>2-23-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Mauda Hudson</u> <u>203</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard D. Conn</u>		ADDRESS <u>Funeral Home - Tipton, Mo.</u>			

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 *Richard D. Conn*

Licensed Embalmer No... *470*
P. O. Address *Jupiter, Fla.*

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.