

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u> <u>2</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>			
b. CITY OR TOWN <u>Washington Twp</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY OR TOWN <u>Hume</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>State Hosp No 3 Nevada</u>				e. STREET ADDRESS (If rural, give location) <u>None</u> <u>0070</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>M.</u> c. (Last) <u>Snyder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb</u> <u>12</u> <u>1955</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>2-26-1871</u>		9. AGE (In years last birthday) <u>83</u>	F UNDER 1 YEAR Months <u>11</u> Days <u>16</u>	F UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Simon Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John A Snyder</u>		13b. MOTHER'S MAIDEN NAME <u>Jane B Austin</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Perard State Hosp 3 Nevada Mo</u> ADDRESS <u></u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Senility</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	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. <u>Chronic Brain Syndrome - 10-01-009-0X1 - 3 yrs</u>							
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>Oct 26-1953</u> , to <u>Feb 12</u> , 1955, that I last saw the deceased alive on <u>Feb 11</u> , 1955, and that death occurred at <u>12 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Subroter Roggett M.D.</u>				23b. ADDRESS <u>State Hosp No 3 Nevada</u>		23c. DATE SIGNED <u>2/12/55</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 15, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lawrence Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hume, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>2-17-1955</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> <u>451</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl's Memorial Home</u> ADDRESS <u>Port Scott, Kansas</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 1 9 1937

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.....


Licensed Embalmer No. 2080

P. O. Address Box 283
Fort Scott, Kan

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.