

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28179

State File No. ....

FILED SEP 8 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7381**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. CITY OR TOWN <b>St Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>2659a Hickory</b>		e. STREET ADDRESS (If rural, give location) <b>2659a Hickory</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Frances</b> c. (Last) <b>Vaughn Sneed</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 20 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 27 1920</b>
9. AGE (In years last birthday) <b>35</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waitress</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waitress</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Lake City Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Everett Penix</b>		13b. MOTHER'S MAIDEN NAME <b>Johnnie Carpenter</b>	
14. NAME OF HUSBAND OR WIFE <b>James Sneed</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>James Sneed 1952 Senate</b>	
17. ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Heat Exhaustion</b> <b>Cirrhosis of Liver</b>	
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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) <b>581.0 F</b>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1040 P.</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Patrick Taylor</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>8.23.55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>Aug 23 55</b>		24c. NAME OF CEMETERY OR CREMATORY: <b>Phil<sup>a</sup>adelphia</b>	
24d. LOCATION (City, town, or county) (State) <b>Jonesboro Ark.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E.J. Schnur</b>	
25. ADDRESS <b>3125 Lafayette</b>		DATE REC'D BY LOCAL REG. <b>AUG 23 1955</b>	
REGISTRAR'S SIGNATURE <b>Carl Smith mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E.J. Schnur</b>	

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.....  
Signature of Student Embalmer

Signed *Thomas R. Terwick*

Licensed Embalmer No. *379*

P. O. Address *31250 Lafa*

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.