

FILED SEP 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28666

State File No.

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4485 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If last known residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fornfeld</u>	c. LENGTH OF STAY (In this place) <u>29 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fornfeld</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>at home</u>		d. STREET ADDRESS (If rural, give location) <u>1000</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>JACKSON</u>	c. (Last) <u>SNEED</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 6, 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>Oct 5, 1875</u>	9. AGE (In years last birthday) <u>79</u>	10 UNDER 1 YEAR Months	11 UNDER 2 HRS. Hours	12. MIN. Min.
--------------------	-------------------------------	---	-------------------------------------	---	------------------------	-----------------------	---------------

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Crittenden County, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Robert T. Sneed</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie M. Daniel</u>	14. NAME OF HUSBAND OR WIFE <u>Charlotte Rogers Sneed</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>498-24-3231</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Sneed</u>	ADDRESS <u>Fornfeld 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u>		<u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c)		<u>23 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>general arteriosclerosis</u>		<u>2 years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	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 Nov 5, 1943 to Sept 6, 1955, that I last saw the deceased alive on Sept 6, 1955, and that death occurred at 2:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Fred W. Martin</u> (Degree or title)	23b. ADDRESS <u>Illmo, Missouri</u>	23c. DATE SIGNED <u>9-8-55</u>
--	-------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-8-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lightner Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Illmo Missouri</u>
---	-------------------------	---	---

DATE REC'D BY LOCAL REG. <u>9-10-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Fred Bepling</u>	455- 25. FUNERAL DIRECTOR'S SIGNATURE <u>Bepling</u> ADDRESS <u>Funeral Home Illmo, Mo.</u>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

7000

SEP 14 1955

DATE RECEIVED _____

SCOTT CO. HEALTH DEPT.

CO. FILE No. 955-196

SEP 15 1955

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.

Signed _____

Oliver C. Smith

Signed _____
Student Embalmer

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

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.