

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3753

State File No.

FILED FEB 27 1956

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lamar</u>		c. LENGTH OF STAY (in this place) <u>1 hour</u>	c. CITY OR TOWN <u>Lamar</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1301 Francis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>1308 Walnut</u>		w/o	
3. NAME OF DECEASED (Type or Print) a. (First) <u>INA</u> b. (Middle) <u>MAY</u> c. (Last) <u>SNEAD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 20 1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 12 1885</u>
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Albany, Missouri</u>
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 <u>Own Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>Edwin Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Arnette Fuston</u>	14. NAME OF HUSBAND OR WIFE <u>Robert J. Snead</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>XXX</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Fern Slinker, Lamar, Missouri</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, asphemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>concomitant disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>old age & a stroke</u> 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 checked="" type="checkbox"/>		4201	
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>Lamar Mo Barton Mo</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>medical death</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:00pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. D. Geedewer M.D.</u> (Degree or title)		23b. ADDRESS <u>Lamar Mo</u>	23c. DATE SIGNED <u>2-21-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 22 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>
DATE REC'D BY LOCAL REG. <u>FEB 22 1956</u>	REGISTRAR'S SIGNATURE <u>Marie Konantz</u> 14-	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Konantz Funeral Home, Lamar, Missouri</u>	

WRITE PLAINLY—USING UNFADEING 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 *Norman L. Thompson*

Licensed Embalmer No. *4816*

P. O. Address *Lamar, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.