X
No. 300
10-48

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. TSANG 4423

State File No.

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 137

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (in this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOHN'S HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: Phelps
c. CITY OR TOWN: ROLLA
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0817

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): Grant
c. (Last): SNELSON

4. DATE OF DEATH (Month) (Day) (Year): FEB. 9 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: March 30, 1939
9. AGE (In years last birthday): 16
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Garage Attendant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: CHARLES E. SNELSON
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S SIGNATURE OR NAME: CHARLES E. SNELSON
ADDRESS: ROLLA, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Edema
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral contusion
DUE TO (c) atelectasis, lung

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 2-7-56
19b. MAJOR FINDINGS OF OPERATION: Tracheotomy
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rolla Mo. 081
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-28-56 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 2 car accident

22. *I hereby certify that I attended the deceased from* 2-6, 1956 *to* 2-9, 1956 *that I last saw the deceased alive on* 2-9, 1956 *and that death occurred at* 8:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: John A. K. Tsang
(Degree or title): M.D.
23b. ADDRESS: 609 Cherry
23c. DATE SIGNED: 2-10-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/9/56
24c. NAME OF CEMETERY OR CREMATORY: Thomas Cemetery
24d. LOCATION (City, town, or county) (State): Phellps Co., Rolla, Mo.

DATE REC'D BY LOCAL REG.: 2-14-56
REGISTRAR'S SIGNATURE: Fern Williamson
25. FUNERAL DIRECTOR'S SIGNATURE: H. H. Johnmeyer
ADDRESS: SPRINGFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 20 1956

MAR 5 1956

MAY 2 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lucien T. Swakley

Licensed Embalmer No. 48

P. O. Address Spring Fil

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.