

FILED APR 2 - 1956

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **8855**

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 57			
1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO				b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) Trenton, 1		c. LENGTH OF STAY (in this place) 30 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Trenton					
d. FULL NAME OF HOSPITAL OR INSTITUTION Wright Hospital				d. STREET ADDRESS (If rural, give location) 415 E 92 St				04020	
3. NAME OF DECEASED (Type or Print)		a. (First) DAWSON		b. (Middle) Snyder		c. (Last) Snyder		4. DATE OF DEATH (Month) (Day) (Year) MAY 27 1956	
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH AUG 3 1877		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Mins. 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter (Retired)			10b. KIND OF BUSINESS OR INDUSTRY Building			11. BIRTHPLACE (City and State or Foreign Country) Mercer Co. MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles Snyder			13b. MOTHER'S MAIDEN NAME Sarah Wright			14. NAME OF HUSBAND OR WIFE Never Married			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME W.W. Alexander		ADDRESS Trenton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio Sclerosis						INTERVAL BETWEEN ONSET AND DEATH 20 yrs	
		ANTECEDENT CAUSES Morbidity 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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500						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) m.		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 April 18 1936 to March 27 1956 , that I last saw the deceased alive on March 27 1956 , and that death occurred at 6 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE E.A. Duffy M.D.			23b. ADDRESS Trenton MO			23c. DATE SIGNED March 29 56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/29/56		24c. NAME OF CEMETERY OR CREMATORY Fox Cemetery		24d. LOCATION (City, town, or county) (State) SPICKARD MO			
DATE REC'D. BY LOCAL REG. 3-29-56		REGISTRAR'S SIGNATURE Gene Faw		25. FUNERAL DIRECTOR'S SIGNATURE Walter Blackmore		ADDRESS Trenton, MO.			

Dr. E.A. Duffy.

(Licensed Embalmer's Statement on Reverse Side)

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

5-0

STATEMENT BY LICENSED EMBALMER

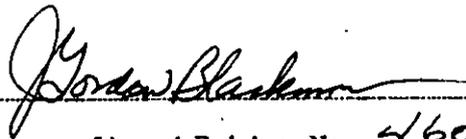
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4602

P. O. Address Jrenton, mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.