

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40396**

FILED DEC 3 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6222** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moundville</b>		c. LENGTH OF STAY (In this place) <b>25 years</b>	c. CITY OR TOWN <b>Moundville</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home.</b>		e. STREET ADDRESS (If rural, give location) <b>At farm Home</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Harvey</b> b. (Middle) <b>Tilden</b> c. (Last) <b>Snyder</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>November 19 1956</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 15, 1903</b>	9. AGE (In years last birthday) <b>53</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Stoney Point Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>James T. Snyder</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Wayne</b>	14. NAME OF HUSBAND OR WIFE <b>Mabel Margaret Snyder</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. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mabel Margaret Snyder</b> ADDRESS <b>Moundville, Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Died in sleep</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary infarction</b> DUE TO (c) <b>Aneurysm of left Ventrical.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>		<b>420.1</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **July 27, 1956**, to **Nov. 18, 1956**, that I last saw the deceased alive on **Nov. 2, 1956**, and that death occurred at **Early A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. B. Wray, M.D.</b> (Degree or title)	23b. ADDRESS <b>Moore Bldg., Nevada, Missouri</b>	23c. DATE SIGNED <b>11-20-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1956 November 21</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>
24d. LOCATION (City, town, or county) (State) <b>Nevada Missouri</b>		

DATE REC'D BY LOCAL REG. <b>Nov 26 1956</b>	REGISTRAR'S SIGNATURE <b>Mrs. Ruth Faith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ferry Funeral Home</b> ADDRESS <b>Nevada, Mo.</b>
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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 *B. J. Lindley*.....

Licensed Embalmer No. *482*

P. O. Address *Kenada*.....

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