

FILED DEC 24 1956

## STANDARD CERTIFICATE OF DEATH

State File No. **42501**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **316**

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>	c. LENGTH OF STAY (In this place) <b>17 hrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Salisbury Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sveinam Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>411 So. Weber</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Sallie</b> b. (Middle) <b>Blanche</b> c. (Last) <b>Snyder</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 5-1956</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Jan 10-1872</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Florida, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Presley Darno Vandenter</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Chowning</b>	14. NAME OF HUSBAND OR WIFE <b>Arthur Snyder</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr Wm Vandel</b>	ADDRESS <b>Colorado Springs Colo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary Failure</b>			months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary disease</b> DUE TO (c) <b>Arterio Sclerosis</b>			
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 type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1934**, 19\_\_\_\_, to **12-4-**, 19**56**, that I last saw the deceased alive on **12-4**, 19**56**, and that death occurred at **7:45A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. L. Richborn D.O.</b>	23b. ADDRESS <b>119 W 2nd Salisbury Mo</b>	23c. DATE SIGNED <b>12-5-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12-7-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Salisbury Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-7-56</b>	REGISTRAR'S SIGNATURE <b>Reah W. Lowe</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas B Winkelmyer</b>	ADDRESS <b>Salisbury Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 22 1966

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

*Chas B Wimbush*

Licensed Embalmer No. 384

P. O. Address

*Salisbury, 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.