

FILED FEB 11 1957

STANDARD CERTIFICATE OF DEATH

1026
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 123

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| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | c. CITY OR TOWN Springfield 0399 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 519 Cherry | | Length of stay in 1b 78 years | |
| 3. NAME OF DECEASED (Type or print) First Nettie Middle L. Last Snow | | 4. DATE OF DEATH Month February Day 2 Year 1957 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 18, 1878 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY In Home | |
| 13. FATHER'S NAME Joel Ricketts | | 14. MOTHER'S MAIDEN NAME Aramentta Thomas | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Ralph H. Snow | | Address Springfield, Mo. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Auricular fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive heart disease DUE TO (c) Arteriosclerosis generalized PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerotic senile dementia 443x | | | INTERVAL BETWEEN ONSET AND DEATH 8 hours 6-8 years 8-10 years |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) | |
| 20c. TIME OF INJURY Hour 1:40 P. Month JAN Day 1956 Year 1956 | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION Springfield COUNTY Greene STATE Missouri | |
| 21. I attended the deceased from JAN 1956 to 2-2-57 and last saw her alive on 2-2-57 . Death occurred at 1:40 P. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Type or print) M. L. Gentry | | 22b. ADDRESS M. A. O'Neil's Snuff Co | |
| 22c. DATE SIGNED 2-4-57 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Feb. 5, 1957 | |
| 23c. NAME OF CEMETERY OR CREMATORY Hazelwood | | 23d. LOCATION (City, town, or county) (State) Springfield, Missouri | |
| 24. FUNERAL DIRECTOR Norman Schaff Springfield, Mo. | | 25. DATE RECD. BY LOCAL REG. 2-5-57 | |
| 26. REGISTRAR'S SIGNATURE Edith Williams | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All other diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All other diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *L. Dashi Gorra*

Licensed Embalmer No. *31*

P. O. Address *Springfield*

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