

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED FEB 25 1957

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Trenton</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Trenton R.I</u> ⁰⁴⁰⁰ ₀ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>Wright Hospital</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>Clifford Allen Snapp</u>	First <u>Clifford</u>	Middle <u>Allen</u>	Last <u>Snapp</u>	4. DATE OF DEATH <u>Feb. 6 1957</u>	Month <u>Feb.</u>	Day <u>6</u>	Year <u>1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 12 1892</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Mercer Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13. FATHER'S NAME <u>Frank A. Snapp</u>	14. MOTHER'S MAIDEN NAME <u>Sarah B. Simmons</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>497-40-5399</u>	17. INFORMANT <u>Elva J. Snapp Trenton Mo. R I</u>	Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <u>4222</u>
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20c. TIME OF INJURY Hour a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Trenton Mo.</u>	COUNTY <u>Harris</u>	STATE <u>Mo.</u>
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21. I attended the deceased from <u>Aug 1st 1956</u> to <u>Feb 6th 1957</u> and last saw <u>him</u> alive <u>Feb 6th 1957</u> Death occurred at <u>12:25 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Oliver F. Duffly M.D.</u>	(Degree or title)	22b. ADDRESS <u>Trenton Mo.</u>	22c. DATE SIGNED <u>Feb 7th 1957</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 6 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Harris Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Harris Mo.</u>
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24. FUNERAL DIRECTOR <u>Schooler Funeral Home Spickard Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>2-8-57</u>	26. REGISTRAR'S SIGNATURE <u>Gene Fair</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in their report. No symptoms will be listed. All

MEDICAL CERTIFICATION

DUJ

MAY 15 1958

FEB 26 1957

MAY 15 1958

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 *Ross Wise*

Licensed Embalmer No. *377*

P. O. Address *Spokane*

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