THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 11 1957

7374

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Warren	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery 01
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrenton — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Montgomery City 0700 0 — Inside Limits Yes [ ] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Katie Jane Home — Length of stay in 1b 3 yrs	d. STREET ADDRESS (If outside, give location) Knight Nursing Home — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print)	First: Mollie	Middle: M.	Last: Snodgrass	4. DATE OF DEATH Month Day Year: Feb. 17, 1957
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH: Nov. 19, ~~1964~~ 1864	9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Callaway Co, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Hemry Tate	13b. MOTHER'S MAIDEN NAME: Drew S. Hall	14. NAME OF HUSBAND OR WIFE: ---		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT Address: Mrs L.D. Gust, Montgomery City, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Verdict of Coroner's Jury.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Death due to fire at Katie Jane Home, about 2:35P.M.

DUE TO (c) Origin of fire undetermined. 9167

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 40

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

#8 corrected 9-19-64 aff. of funeral director

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Burning of Katie Jane home

20c. TIME OF INJURY Hour ~~a.m.~~ p.m. Month, Day, Year: 2 17 57 — 2:35

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Nursing Home

20f. CITY, TOWN, OR LOCATION: Warrenton — COUNTY: Warren 109 — STATE: Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): T. H. Knigge D.C. Coroner 3	22b. ADDRESS: Warrenton, Missouri	22c. DATE SIGNED: 3-10-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 2-21-57	23c. NAME OF CEMETERY OR CREMATORY: Montgomery City, Cem	23d. LOCATION (City, town, or county) (State): Montgomery City, Mo.
24. FUNERAL DIRECTOR ADDRESS: C.W. Hopkins, Montgomery City, Mo.	25. DATE RECD. BY LOCAL REG.: 3-10-57	26. REGISTRAR'S SIGNATURE: Floyd Logan	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed John T. Mebing

Licensed Embalmer No. 3897

P. O. Address Warrenton,

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