

Health,  
Yellow  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23440  
STATE FILE NUMBER

FILED JUL 17 1957

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		c. CITY OR TOWN <b>Mexico</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Phillips Nursing Home</b>		Length of stay in 1b <b>2 1/2 yrs.</b>	
3. NAME OF DECEASED (Type or print) First <b>Mary Elizabeth</b> Middle <b>Snook</b> Last <b>Snook</b>		4. DATE OF DEATH <b>July 12, 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 18, 1871</b>
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>own</b>	11. BIRTHPLACE (City and state or country) <b>Audrain County Mo</b>
13a. FATHER'S NAME <b>John Skelly</b>		13b. MOTHER'S MAIDEN NAME <b>Clementine Weidler</b>	14. NAME OF HUSBAND OR WIFE <b>Clayton Snook</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 Address <b>Mexico, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchiectasis</b> DUE TO (b) <b>Chronic Pulmonary infection</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - <b>Generalized arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>20 years</b> <b>20 yrs</b>
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.)			
20c. TIME OF INJURY .Hour Month, Day, Year a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>June 1956</b> to <b>July 12 1957</b> and last saw her alive on <b>July 11 1957</b> Death occurred at <b>7:30 A.M.</b> in on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Leonard Davis M.D.</b>		22b. ADDRESS <b>209 E Jackson Mexico</b>	22c. DATE SIGNED <b>7-13-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 14, 57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Mexico Missouri</b>
24. FUNERAL DIRECTOR <b>Precht-Hueston</b>	ADDRESS <b>Mexico, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>July 13-1957</b>	26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Ralph S. Hueston* .....

Licensed Embalmer No. *4687* .....  
P. O. Address *Mexico, V* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.