

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2083

State File No.

FILED JAN 27 1958

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 5

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

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>MONROE</u>					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>RURAL—SANTA FE TWP.</u>		c. LENGTH OF STAY (In this place) <u>25 YRS.</u>		c. CITY OR TOWN <u>50. FORK TWP.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VILLAGE OF SANTA FE</u>				e. STREET ADDRESS (If rural, give location) <u>VILLAGE OF SANTA FE</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARVIN W.</u>			b. (Middle)		c. (Last) <u>SNYDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 20, 1958</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN. 24, 1871</u>		9. AGE (In years last birthday) <u>86</u> 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) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SANTA FE, MO.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN J. SNYDER</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZA HUFFMAN</u>			14. NAME OF HUSBAND OR WIFE <u>GRACE SNYDER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>OTIS SNYDER, SANTA FE, MO.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic conditions of age</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>✓</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) <u>4201</u>					
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?					
22. I hereby certify that I attended the deceased from <u>1-17</u> , 19 <u>58</u> , to <u>1-20</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>1-17</u> , 19 <u>58</u> , and that death occurred at <u>8:00 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. L. S. Christman D.O.</u>				23b. ADDRESS <u>PARIS, MO.</u>		23c. DATE SIGNED <u>1-20-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-22-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SANTA FE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>SANTA FE, MO.</u>			
DATE REC'D BY LOCAL REG. <u>1-21-58.</u>		REGISTRAR'S SIGNATURE <u>J. L. Barnet D.</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Speed Blakey, PARIS, MISSOURI</u>					

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..... *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address ... PARIS, MISSOURI

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.