

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017560
STATE FILE NUMBER

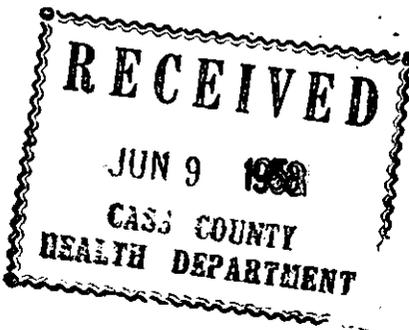
FILED JUN 10 1958 Registration District No. 59 Primary Registration District No. 5229 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pleasant Hill (Polk Twp.)		c. CITY OR TOWN Strasburg	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR R.F.D. (Polk Twp.)		d. STREET ADDRESS none	
3. NAME OF DECEASED (Type or print) Oliver Ray Snow		4. DATE OF DEATH May 27, 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 26, 1927
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and state or country) Pleasant Hill, Missouri
13a. FATHER'S NAME Roy Snow		13b. MOTHER'S MAIDEN NAME Dora Mae Canday	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none unknown	17. INFORMANT Roy Snow Address Strasburg, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anoxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) accidental suffocation DUE TO (c) Tractor accident			INTERVAL BETWEEN ONSET AND DEATH sudden sudden 9121 3
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"/> 2
20a. ACCIDENT <input checked="" 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.) Tractor overturned pinning victim & head down in ravine	
20c. TIME OF INJURY 5:30 AM 5-27-58			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	
		20f. CITY, TOWN, OR LOCATION Polk Twp 019 Cass Mo	
21. I attended the deceased from _____, to _____, and last saw him alive on _____ Death occurred at 5:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Edward Jander Esq. (Coroner)		22b. ADDRESS Pleasant Hill, Mo.	
		22c. DATE SIGNED 5/27/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5/29/58	
23c. NAME OF CEMETERY OR CREMATORY Lone Jack Cem		23d. LOCATION (City, town, or county) (State) Lone Jack, Missouri	
24. FUNERAL DIRECTOR Brownfield-Stanley ADDRESS Pleasant Hill, Mo.		25. DATE RECD. BY LOCAL REG. June 1, 1958 26. REGISTRAR'S SIGNATURE Dora Barnard	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *Raymond A. Seal*

Licensed Embalmer No. *5008*
P. O. Address *Pleasant Hill*

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.