

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021627

STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 683

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield 0396 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1546 N. Golden		d. STREET ADDRESS (If outside, give location) 1546 N. Golden	
Length of stay in lb 8 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First George Middle Allen Last Snow			4. DATE OF DEATH Month July Day 3 Year 1958		
---	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2-DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 30, 1876	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
--------------------	-------------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Greene County, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	---	--	--

13a. FATHER'S NAME John Snow	13b. MOTHER'S MAIDEN NAME Nancy Lee	14. NAME OF HUSBAND OR WIFE Maude Snow
-------------------------------------	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 491-03-0978A	17. INFORMANT (Son) Kenneth Snow--Springfield, Mo. Address
--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pernicious Anemia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic Myocarditis	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility		19. WAS AUTOPSY PERFORMED? 2 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 1:30 Month 3 Day 57 Year 58 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION Springfield, Mo. COUNTY Greene STATE Missouri
--	--	--	---

21. I attended the deceased from 10-3-57 to 6-28-58 and last saw him alive on 6-28-58 . Death occurred at 1:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul O. Upshaw, M.D.	22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 7-5-58
--	--------------------------------------	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-6-1958	23c. NAME OF CEMETERY OR CREMATORY Galloway Cemetery	23d. LOCATION (City, town, or county) (State) Galloway, Missouri
---	---------------------------	---	---

24. FUNERAL DIRECTOR Rex Rainey--Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 7-7-58	26. REGISTRAR'S SIGNATURE Effie S. Melton
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

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 _____
Gene R. Hunt

Licensed Embalmer No. 4739

P. O. Address Springfield, M.

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.