

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022689
State File No.

FILED JUN 23 1958

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 73

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

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Neosho		c. CITY (If outside corporate limits, write RURAL and give township). 0132 Neosho	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 212 So. Jefferson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Salv Memorial Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Augusta	b. (Middle) Treasa	c. (Last) Snyder	4. DATE OF DEATH (Month) (Day) (Year) June 7, 1958
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 15, 1910	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Five kind of work done during most of working life, even if retired) Cook	10b. KIND OF BUSINESS OR INDUSTRY Cafe	11. BIRTHPLACE (City and State or Foreign Country) Hamilton, Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Michael Dunar	13b. MOTHER'S MAIDEN NAME Augusta Dunar	14. NAME OF HUSBAND OR WIFE Harold Snyder
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. 164-24-8043	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Harold Snyder Neosho, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			2 YEARS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **3 JUNE 1958**, to **7 JUNE 1958**, that I last saw the deceased alive on **7 June 58, 19**, and that death occurred at **2:09A** am., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS Neosho Mo	23c. DATE SIGNED 13 June 58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 10, 1958	24c. NAME OF CEMETERY OR CREMATORY Neosho I.O.O.F.	24d. LOCATION (City, town, or county) (State) Neosho, Missouri
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DATE REC'D BY LOCAL REG. 6-14-58	REGISTRAR'S SIGNATURE Melvin C. Bruman, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Orley Thompson Sr Neosho, Mo.
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RECEIVED

District Health Officer No. Newton

District File Number 658-139

Date Filed JUN 20 1958

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
Student Embalmer

Signed Carley Thompson Sr.

Licensed Embalmer No. 3259

P. O. Address Neosho Mo.

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 this body is not embalmed, fact should be so stated above.