THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004094
STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 324 Primary Registration District No. 6086 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salt Fork TWP. Inside Limits Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 Mi. S Marshall on #65 Hwy Length of stay in Ib 57 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline
c. CITY OR TOWN Marshall R1 C970 Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 6 mi So. on #65 Highway Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First MARY Middle ELIZABETH Last SNYDER
4. DATE OF DEATH Month January Day 29 Year 1959
5. SEX Female
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH Nov. 13, 1859
9. AGE (In years last birthday) 99 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) Home-mak
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Bellville Ill.
12. CITIZEN OF WHAT COUNTRY? U. S A
13. FATHER'S NAME Christian Modl
14. MOTHER'S MAIDEN NAME Mary Ann Buty
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Cecil Snyder Address Marshall Mo R #1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cause unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Presumed natural
DUE TO (c) Coroner notified
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7954
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 _____, to never saw and last saw her/him alive on _____
Death occurred at 4:35 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Cecil G. Read (Degree or title) Registrar
22b. ADDRESS Marshall Mo
22c. DATE SIGNED Jan 30-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-1-1959
23c. NAME OF CEMETERY OR CREMATORY Ridge Park Cem.
23d. LOCATION (City, town, or county) Marshall (State) Mo

24. FUNERAL DIRECTOR Harry Hershberger ADDRESS Marshall Mo
25. DATE RECD. BY LOCAL REG. Jan 30 '59
26. REGISTRAR'S SIGNATURE Cecil G. Read

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

VS NOV 1 2 '5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harry Hershberger

Licensed Embalmer No. 43

P. O. Address Marshal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.