

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004623

STATE FILE NUMBER

185

FILED FEB 24 1959

Registration District No. 042

Primary Registration District No. 1000

Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Grant City 1130 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Length of stay in 1b 7 days	d. STREET ADDRESS (If outside, give location) 407 1/2 South Front Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Joseph Middle Levi Last Snyder			4. DATE OF DEATH Month Jan. Day 14, Year 1959
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 10, 1895
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 5 Days 4	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY merchant	11. BIRTHPLACE (City and state or country) Grant City, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Edward Snyder	
13b. MOTHER'S MAIDEN NAME Victoria Sanders		14. NAME OF HUSBAND OR WIFE Evelyn Snyder	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no none		16. SOCIAL SECURITY NO. 541-10-1371	17. INFORMANT Evelyn Snyder, Grant City, 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) Cerebral vascular hemorrhage DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) Diabetes mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 44 EX			INTERVAL BETWEEN ONSET AND DEATH 6 days years
19. WAS AUTOPSY PERFORMED? 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 Month, Day, Year 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 COUNTY STATE
21. I attended the deceased from 1/8/59 to 1/14/59 and last saw her alive on 1/14/59 Death occurred at 3:15 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Caryl A. Potter, Jr. M.D.		22b. ADDRESS Phy. & Surg. -- St. Joseph, Mo	22c. DATE SIGNED 2/12/59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Jan. 16, 1959	23c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery	23d. LOCATION (City, town, or county) (State) Grant City, Missouri
24. FUNERAL DIRECTOR John Andrews	ADDRESS Grant City, Mo	25. DATE RECD. BY LOCAL REG. Feb. 20, 1959	26. REGISTRAR'S SIGNATURE Mrs. Clark Stoddell

Dr. Caryl A. Potter, Jr.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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 John Andrews....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John Andrews.....

Licensed Embalmer No. 4211.....

P. O. Address Grant City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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