

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008354
STATE FILE NUMBER

MAR 30 1959 Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 22

300
1-57

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lamar
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		Length of stay in lb 1 mo	d. STREET ADDRESS (If outside, give location) RFD #1
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last OSHIA EMILY SNOOK			4. DATE OF DEATH Month Day Year Mar 25 1959		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 30 1884	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Lamar, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME W. A. EIAN		13b. MOTHER'S MAIDEN NAME Matilda Emily Mc Cafferty		14. NAME OF HUSBAND OR WIFE W. O. Snook	
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	17. INFORMANT Address W. O. Snook, Lamar, Missouri, R/#1		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Intestinal malignancy with severe hemorrhages</i> <i>metastatic carcinoma of lung</i> DOE TO (b) <i>metastatic carcinoma of lung</i> DUE TO (c) <i>1539</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Jan 1958</i> <i>March 1959</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>valvular heart disease</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 <i>Nov. 1957</i> to <i>March 25, 1959</i> and last saw her ^{her} alive on <i>March 25, 1959</i> Death occurred at <i>8:25</i> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Leont Bickel, M.D.</i>	(Degree or title)	22b. ADDRESS <i>Lamar, Mo.</i>
		22c. DATE SIGNED <i>3/25/59</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>Lar. 27, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lake Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Lamar, Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>Konantz Funeral Home, Lamar, Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>MAR 26 '59</i>	26. REGISTRAR'S SIGNATURE <i>Marie Konantz</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED

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 *Norman L. Thompson*

Licensed Embalmer No. *4816*
P. O. Address *Lamar, MD*

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.