

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008987

STATE FILE NUMBER

FILED MAR 18 1959 Registration District No. 112 Primary Registration District No. 5428 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. COUNTY FRANKLIN MO.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROSEBUD, MO. RAI		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN ROSEBUD, MO. ⁶³⁶⁰ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		Length of stay in lb LIFE	d. STREET ADDRESS (If outside, give location) Rosebud RAI
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last CORA I SNEED			4. DATE OF DEATH Month Day Year 3 7-1959		
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5. SEX FEMALE	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 2-9-1891	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, "if retired") Housewife	10b. KIND OF BUSINESS OR INDUSTRY farmers	11. BIRTHPLACE (City and state or country) Rosebud Mo. RAI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Haverer	13b. MOTHER'S MAIDEN NAME Anna Blumeyer	14. NAME OF HUSBAND OR WIFE George A Sneed
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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	16. SOCIAL SECURITY NO. 493408648	17. INFORMANT George A Sneed Address Rosebud Mo. RAI
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery disease C acute Rb Ventricular Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General Arterial Sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Hemorrhage, old		INTERVAL BETWEEN ONSET AND DEATH 4200
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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.)
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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
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21. I attended the deceased from Death occurred on 3-7-1959 to 3-7-59 and last saw her alive on 3-7-59 on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Charles A. Sneed	22b. ADDRESS Rosebud	22c. DATE SIGNED 3-10-59
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 3-10-1959	23c. NAME OF CEMETERY OR CREMATORY Brick Church	23d. LOCATION (City, town, or county) (State) Rosebud RAI Mo.
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24. FUNERAL DIRECTOR J Meyer ADDRESS Rosebud Mo	25. DATE RECD. BY LOCAL REG. March 10-1959	26. REGISTRAR'S SIGNATURE John Charles Farley
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(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.

APR 8 1959

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 *Henry E. Payne*

Licensed Embalmer No. *4639*

P. O. Address *Franklin Ave*

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.