. Health,
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v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-018653
STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 175

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Sedalia — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Bothwell Hospital — Length of stay in 1b 39 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits Yes [X] No [ ]
080 STREET ADDRESS (If outside, give location) 223 East Saline — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: MARY Middle: Elizabeth Last: SNAVELY
4. DATE OF DEATH Month: May Day: 17 Year: 1959
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Oct 6 1884
9. AGE (In years last birthday) 74 — 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
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Benton Co. Mo
12. CITIZEN OF WHAT COUNTRY? U. S. A
13a. FATHER'S NAME Philip T. Summers
13b. MOTHER'S MAIDEN NAME Cordelia Ann Cramer
14. NAME OF HUSBAND OR WIFE George Snavely
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT George Snavely Address 223 E. Saline Sedalia

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of stomach with metastasis to liver
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 May 17, 1959 and last saw her/him alive on May 17, 1959
Death occurred at 5:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thomas J. Hopkins, M.D. (Degree or title)
22b. ADDRESS Sedalia, Mo
22c. DATE SIGNED 5/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-19-59
23c. NAME OF CEMETERY OR CREMATORY Crown Hill
23d. LOCATION (City, town, or county) Sedalia (State) Mo

24. FUNERAL DIRECTOR McLaughlin Bros. ADDRESS Sedalia
25. DATE RECD. BY LOCAL REG. 5/21/1959
26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
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 K. P. McGrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.