

# VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## 59-038713

### FILED VS. OCT. 19 1959

Registration District No. 359 Primary Registration District No. 6222 Registrar's No. 18 STATE FILE NUMBER

INDEXED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Vernon</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moundville</u> Length of stay in 1b <u>57 years</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R#1</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> c. CITY OR TOWN <u>Moundville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>R#1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>FRED</u> Middle <u>H.</u> Last <u>SNYDER</u>			<b>4. DATE OF DEATH</b> Month <u>October</u> Day <u>5</u> Year <u>1959</u>				
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>Wh</u>	<b>7. Married</b> <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>1876 October 15</u>	<b>9. AGE (last birthday)</b> <u>82</u>	<b>IF UNDER 1 YEAR</b> Months <u>  </u> Days <u>  </u>	<b>IF UNDER 24 HR</b> Hours <u>  </u> Min. <u>  </u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farming</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Iowa</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Charles Snyder</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary H. Rawstern</u>			<b>14. NAME OF HUSBAND OR WIFE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT</b> <u>Frank A. Snyder</u> Address <u>Moundville, Mo</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Burned</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>Burned to death in house fire</u>				
<b>20c. TIME OF INJURY</b> Hour <u>  </u> a.m. <u>  </u> Month, Day, Year <u>10-5-59</u>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At home</u>		<b>20f. CITY, TOWN, OR LOCATION</b> <u>Moundville</u> COUNTY <u>Vernon</u> STATE <u>Mo</u>	
<b>21. I attended the deceased from _____ to _____ and last saw her/him alive on _____</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>Richard Hunter Croser</u>				<b>22b. ADDRESS</b> <u>Nevada</u>		<b>22c. DATE SIGNED</b> <u>10/7/59</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>1959</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Deerfield Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) <u>Nevada Missouri</u>		
<b>24. FUNERAL DIRECTOR</b> <u>Ferry Funeral Home</u> ADDRESS <u>Nevada, Missouri</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>Oct 12 1959</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Mrs Ruth Firth</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 W Douglas Griswold, Student Embalmer No. 59

working under my personal supervision.

Student W Douglas Griswold  
Signature of Student Embalmer

Signed L Douglas Ferry

Licensed Embalmer No. 4960

P. O. Address Hamada, Va

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.