

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009566

FILED VS MAR 1 1960

352

Primary Registration District No.

Registrar's No.

16

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Taney</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Taney</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Forsyth</b>		Length of stay in 1b <b>years</b>		c. CITY OR TOWN <b>Forsyth</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>home Forsyth</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Forsyth</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>J.</b> Last <b>SNYDER</b>				4. DATE OF DEATH Month <b>Feb.</b> Day <b>17</b> Year <b>1960</b>					
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9-5-88</b>		9. AGE (last birthday) <b>71</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>housewife</b>		11. BIRTHPLACE (City and state or country) <b>Mich.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>12</b> Hours <b></b> Min. <b></b>	
13a. FATHER'S NAME <b>John Duncan</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Gage</b>			14. NAME OF HUSBAND OR WIFE <b>deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mrs Bette Lindstrom Forsyth, Mo</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Metastatic Carcinoma to liver</b>								INTERVAL BETWEEN ONSET AND DEATH <b>6 wks</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Primary uterine.</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			
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 _____ a.m. _____ p.m.		Month, Day, Year _____							
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 <b>1-13-69</b> to <b>2-17-60</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>2-17-60</b> Death occurred at <b>9:42 a.m. 2-17-60</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Hartley J. Davis M.D.</b>				22b. ADDRESS <b>Forsyth Missouri</b>				22c. DATE SIGNED <b>2-19-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>2-20-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Ozark Mem. Park Cem.</b>		23d. BRANSON (City, town, or county) <b>Branson, Mo</b>		(State)	
24. FUNERAL DIRECTOR <b>Forsyth Funeral Home Forsyth, Mo</b>				25. DATE REGD. BY LOCAL REG. <b>2/23/60</b>		26. REGISTRAR'S SIGNATURE <b>Helew Campbell</b>			

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

MAR 22 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Walter S. Cobb

Licensed Embalmer No. 473

P. O. Address Branche

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.