URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-026429
STATE FILE NUMBER

FILED VS AUG 10 1960 114

Registration District No. 114 Primary Registration District No. 5432 Registrar's No. 26

NDED

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL MERAMEC — Length of stay in 1b 1 Mo.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) R.R.2. SULLIVAN — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY FRANKLIN
c. CITY OR TOWN SULLIVAN — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.R.2 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WILLIAM Middle FREDRICK Last SNYDER
4. DATE OF DEATH Month JULY Day 30 Year 1960

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH JULY 12, 1886
9. AGE (last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY VARIOUS
11. BIRTHPLACE (City and state or country) ANACONDA, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN HENRY SNYDER
13b. MOTHER'S MAIDEN NAME JANE RYAN
14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address EVA McANANY, SULLIVAN, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Upper Gastro-intestinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) origin undetermined
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 July 28, 1960, to July 30 1960 and last saw her him alive on July 30, 1960
Death occurred at 2:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MD
22b. ADDRESS Sullivan, Mo
22c. DATE SIGNED 8/1/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE AUG. 1, 1960
23c. NAME OF CEMETERY OR CREMATORY ANACONDA CEM.
23d. LOCATION (City, town, or county) ANACONDA (State) MO.

24. FUNERAL DIRECTOR H.M. EATON ADDRESS SULLIVAN, Mo
25. DATE RECD. BY LOCAL REG. AUG. 1, 1960
26. REGISTRAR'S SIGNATURE Harrison W. Eaton H.M. Eaton Deputy

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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 Harrison M. Eato

Licensed Embalmer No. 4192

P. O. Address Sullivan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.