IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Dr Filed.

60-033774

FILED VS OCT 14 1960

NDED

Registration District No. 27 Primary Registration District No. 5087 Registrar's No. 114 STATE FILE NUMBER 033774

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Howard — Length of stay in 1b: 12 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 6 Mi. West of Rich Hill — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Bates
c. CITY OR TOWN: Howard Twp — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 6 Mi. West of Rich Hill — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: ROBERT Middle: LEE Last: SNYDER

4. DATE OF DEATH Month: September Day: 25 Year: 1960

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2/16/83

9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months: 7 Days: 9 — IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machenist (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Aircraft factory

11. BIRTHPLACE (City and state or country): Jacksonville Ill

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joseph Snyder

13b. MOTHER'S MAIDEN NAME: Margaret Fitzpatrick

14. NAME OF HUSBAND OR WIFE: Coe Snyder

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.:

17. INFORMANT Address: Mrs. Coe Snyder-Rich Hill, Mo. RT2

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): Arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: ?

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 June 1 1958, to Sept 25 1960 and last saw him alive on June 15 1960
Death occurred at [illegible] on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE [illegible] (Degree or title) MD

22b. ADDRESS Rich Hill Mo

22c. DATE SIGNED Sept 26 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): cremation

23b. DATE: 9/27/60

23c. NAME OF CEMETERY OR CREMATORY: Elmwood Crematory

23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR ADDRESS: Booth Funeral Serv-Rich Hill, Mo.

25. DATE RECD. BY LOCAL REG.: Sept. 26-1960

26. REGISTRAR'S SIGNATURE: Kendall Kenny

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert E. Steinbeck

Signature of Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butte

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