

RI-DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED 15 NOV 9 1960

-60-038967

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 4304 Registrar's No. 202

1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Livingston			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ludlow Twp.		Length of stay-in 1b 2 days		c. CITY OR TOWN Ludlow		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION none			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EARL Middle ELLSWORTH Last SNODGRASS				4. DATE OF DEATH Month Oct. Day 12 Year 1960			
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/9/1873	9. AGE (last birthday) 87	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) farming			10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (City and state or country) Carroll Co., Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME James Snodgrass			13b. MOTHER'S MAIDEN NAME Mianda Jones			14. NAME OF HUSBAND OR WIFE Ethel Snodgrass	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Faye Jones, Ludlow, 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) Cerebral Thrombosis						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) Cerebral arteriosclerosis						many years	
DUE TO (c) Generalized arteriosclerosis						many years	
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 July 1950 to Oct 12, 1960 and last saw ^{her} him alive on Oct. 11, 1960 Death occurred at 1:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. E. Goldberg M. D.				22b. ADDRESS Braymer, Mo.		22c. DATE SIGNED 10/14/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 10/14/1960	23c. NAME OF CEMETERY OR CREMATORY Monroe Center cemetery		23d. LOCATION (City, town, or county) Ludlow, Mo.		(State)
24. FUNERAL DIRECTOR Michael Funeral Home, Braymer, Mo.			25. DATE RECD. BY LOCAL REG. Oct 14, 1960		26. REGISTRAR'S SIGNATURE Annalee Taylor		

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

or by _____, Student Embalmer No. _____

~~working under my personal supervision.~~

Student _____
Signature of Student Embalmer

Signed Geneb. Michael,

Licensed Embalmer No. 4340

P. O. Address Braymer,

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.