

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

IT OF PUBLIC HEALTH AND WELFARE

60-045149

STATE FILE NUMBER

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **716**

FILED VS JAN 3 1961

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 13 Days		c. CITY OR TOWN Reeds		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR UNIVERSITY OF MO. INSTITUTION medical center			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) Route I		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Lena Elizabeth Snyder						4. DATE OF DEATH Month Day Year 12-26-60			
5. SEX Female		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-11-96		9. AGE (last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) Reeds Mo		12. CITIZEN OF WHAT COUNTRY U.S.		IF UNDER 1 YEAR Months Days Hours Min.	
13a. FATHER'S NAME Corad Markley			13b. MOTHER'S MAIDEN NAME Carrie Rogers			14. NAME OF HUSBAND OR WIFE Ira Snyder			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT University of Mo. Medical Records		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2nd + 3rd degree burns DUE TO (b) gas explosion DUE TO (c) — Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH 3 days	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) gas stove exploded.					
20c. TIME OF INJURY Hour a.m. p.m. 10:30 a.m.		Month, Day, Year 12-13-60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Reeds Jasper Mo	
21. I attended the deceased from 12-13-60 to 12-26-60 and last saw her/him alive on 12-25-60 Death occurred at 5:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Eyre Richard Senior MD Univ. Mo. Med Center						22b. ADDRESS		22c. DATE SIGNED 12/26/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-26-1960		23c. NAME OF CEMETERY OR CREMATORY CARTHAGE, MISSOURI		23d. LOCATION (City, town, or county) (State) MISSOURI			
24. FUNERAL DIRECTOR ADDRESS Parson Funeral Service, Columbia Mo					25. DATE RECD. BY LOCAL REG. Dec. 26, 1960		26. REGISTRAR'S SIGNATURE Mrs. R.E. Palomare		

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George A. Kierp

Licensed Embalmer No. 4750

P. O. Address Columbia

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