

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002184

FILED VS JAN 24 1961

Registration District No. 195

Primary Registration District No.

Registrar's No. 2-61

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>McDonald</b>  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Near Mountain Missouri</b>   |   | Length of stay in lb <b>20yrs.</b>  | c. CITY OR TOWN <b>Near Mountain Mo.</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home Rt. #1 Washburn Mo.</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <b>Route # 1 Washburn Mo.</b>   |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>James Edward</b> Middle <b>Snow</b> Last <b>Snow</b>   |   |   | 4. DATE OF DEATH<br>Month <b>1</b> Day <b>5</b> Year <b>1961</b>  |  |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>12/12/86</b>  | 9. AGE (last birthday) <b>75</b>                                     | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Painter</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>  | 11. BIRTHPLACE (City and state or country) <b>Ord Nebraska</b>  |  | 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>  |
| 13a. FATHER'S NAME <b>Cyrus Harley Snow</b>   |   | 13b. MOTHER'S MAIDEN NAME <b>Ella Jackson</b>   |   | 14. NAME OF HUSBAND OR WIFE <b>Mary Altha Snow</b>                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>No</b>  |   | 16. SOCIAL SECURITY NO. <b>None</b>   |   | 17. INFORMANT Address <b>Mrs. Mary Altha Snow Rt. 1 Washburn Mo.</b> |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b><br><b>Investigated By R.M. Humphrey Jr. Coroner.</b> |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Sudden</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)   |   |   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>Month _____ Day _____  |   |   |   |  |  |
| 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.)                  | 20f. CITY, TOWN, OR LOCATION  |   | COUNTY   | STATE  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at _____ <b>9:30 P</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |  |  |
| 22a. SIGNATURE (Degree or title) <b>Mary A. Bradley Registrar</b>   |   |   | 22b. ADDRESS <b>Pineville, Missouri</b>   |  | 22c. DATE SIGNED <b>1-23-61</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 23b. DATE <b>1/8/1961</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>Antioch Cemetery</b>  |   | 23d. LOCATION (City, town, or county) <b>Near Mountain Missouri</b>  |  |
| 24. FUNERAL DIRECTOR ADDRESS <b>Miller Sisco Funeral Home Pea Ridge Ark.</b>  |   | 25. DATE RECD. BY LOCAL REG. <b>1-21-1961</b>   | 26. REGISTRAR'S SIGNATURE <b>Mary A. Bradley</b>  |  |  |

MAY 4 1961

**STATEMENT BY LICENSED EMBALMER**

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

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

Signed Billy Lisco

Licensed Embalmer No. 781

P. O. Address Pea Ridge Ark

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.