

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041749

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 413

AMENDED

FILED DEC 4 1961

1. PLACE OF DEATH
 a. COUNTY **Marion**
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Hannibal**
 Length of stay in 1b **Life**
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **106 N Hawkins**
 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY **Marion**
 c. CITY OR TOWN **Hannibal**
 Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **106 N Hawkins**
 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Samuel Snyder

4. DATE OF DEATH Month Day Year
Nov - 22 - 1961

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH **April 10, 77 (84)** 9. AGE (last birthday) **(84)**
 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) **Mill Room**
 10b. KIND OF BUSINESS OR INDUSTRY **International Rubber Plant** 11. BIRTHPLACE (City and state or country) **Ralls County, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **James Snyder** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Myrtle Snyder**

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. 17. INFORMANT **Myrtle Snyder - Hannibal, Mo.**
 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) **Cerebral thrombosis**
 DUE TO (b) **Pernicious anemia**
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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 on 11/22/61 to _____ and last saw her/him alive on 11/22/61
 Death occurred at 7:25 P.m. of the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **M.J. Roller, M.D.** 22b. ADDRESS **2910 St. Marys Ave., Hannibal, Mo.** 22c. DATE SIGNED **11/24/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Nov 25, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Olivet Cemetery** 23d. LOCATION (City, town, or county) (State) **Hannibal, Mo.**

24. FUNERAL DIRECTOR **Clark Funeral Home - Hannibal, Mo.** ADDRESS **Nov. 25, 1961** 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE **Dr. E.M. Luche by Lillian M. Herman**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILE NO. SHOULD BE READ

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 _____



Licensed Embalmer No. 4217

P. O. Address Hannibal, Mo.

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.