

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041775

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 21161 Primary Registration District No. 4324 Registrar's No. 40-61

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tuscumbia</u>		Length of stay in lb <u>12 days</u>	c. CITY OR TOWN <u>ELDON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Humphrey's-Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>319-No-MILL</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Lizzie</u> Middle <u>SNODGRASS</u> Last <u>SNODGRASS</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>4</u> Year <u>1961</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2 Feb 1878</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>	11. BIRTHPLACE (City and state or country) <u>MILLER-Co-Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>JAMES-Russell</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN-CURRENCE</u>		14. NAME OF HUSBAND OR WIFE <u>EZRA-SNODGRASS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>VELMA-MANNING-ELDON-Mo</u> Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Post Operative Embolus</u>			<u>3 min.</u>
DUE TO (b) <u>Colostomy</u>			<u>7 days</u>
DUE TO (c) <u>Mucinous Adenocarcinoma of Sigmoid</u>			<u>Unknown</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension, Arteriosclerosis, Myocarditis</u>		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	
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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.) <u>NONE</u>
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20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> <u>NONE</u>	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.) <u>NONE</u>	20f. CITY, TOWN, OR LOCATION <u>NONE</u>	COUNTY <u> </u>	STATE <u> </u>
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21. I attended the deceased from <u>7-18-61</u> to <u>12-4-61</u> and last saw <u> </u> alive on <u>12-4-61</u>	
Death occurred at <u>10:15</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>A. S. Humphreys</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Tuscumbia-Mo</u>	22c. DATE SIGNED <u>5 Dec-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6 Dec-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green-Ridge</u>	23d. LOCATION (City, town, or county) (State) <u>MILLER-Co-Mo</u>
24. FUNERAL DIRECTOR <u>Keith M. Papp</u> ADDRESS <u>ELDON-Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec:6, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u>	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

MAY 11 1962

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 Keith McKays

Licensed Embalmer No. 2998

P. O. Address Eldon 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.