

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023989

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1112

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 15 1963

VS 300
Rev. 4/59

10397
26397

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Greene	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD	a. STATE MO.	b. COUNTY Greene
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		c. CITY OR TOWN SPRINGFIELD	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) CHARLES C. SNEED		d. STREET ADDRESS (If outside, give location) 1007 S. Crutcher	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4. DATE OF DEATH	5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
Month July Day 6 Year 1963	8. DATE OF BIRTH 12/12/1892	9. AGE (last birthday) 70	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tobacco Salesman
10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Arkansas	12. CITIZEN OF WHAT COUNTRY USA	13a. FATHER'S NAME William P. Sneed
13b. MOTHER'S MAIDEN NAME Mary E. Kirkland	14. NAME OF HUSBAND OR WIFE Bertie Sneed	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	16. SOCIAL SECURITY NO. [REDACTED]
17. INFORMANT Bertie Sneed (Wife) Springfield, Mo.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or (c).)		
PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 6 years
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b)			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus since 1947			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 a.m. p.m.	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 5-5-1947 to 7/6/63 and last saw him alive on 7/5/63		Death occurred at 3:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) A. M. Klingner M.D.		22b. ADDRESS 1630 N. Jefferson SPRINGFIELD MO.	22c. DATE SIGNED 7-8-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/6/63	23c. NAME OF CEMETERY OR CREMATORY Heber Springs Cemetery	23d. LOCATION (City, town, or county) (State) Heber Springs, Arkansas
24. FUNERAL DIRECTOR ADDRESS KLINGNER MORTUARY, INC. SPRINGFIELD MO.		25. DATE RECD. BY LOCAL REG. 7-10-63	26. REGISTRAR'S SIGNATURE Effie G. Melton

C.M. Klingner, M.D.
USE BLACK INK OR TYPEWRITER RIBBON

JUL 15 1963

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 John Klugner Jr

Licensed Embalmer No. 5102

P. O. Address Springfield

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.

7-6-63