

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024035

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 135

FILED JUL 11 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10405
20310
3
4 1
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99040
10 21
11 031
12 2-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Grundy</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u> Length of stay in 1b <u>6 Days</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wright Memorial Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u> c. CITY OR TOWN <u>Rural Jackson Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>5 Mi. S.W. Jamesport</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First <u>Emma</u> Middle <u>Caroline</u> Last <u>Snider</u>			4. DATE OF DEATH Month <u>July</u> Day <u>3</u> Year <u>1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-8-1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	9. AGE (last birthday) <u>83</u>
11. BIRTHPLACE (City and state or country) <u>Daviess Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Joseph M. Snider</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Youtsey</u>	
14. NAME OF HUSBAND OR WIFE <u>---</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>	
16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT <u>S. A. Snider, Jamesport, Mo.</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fracture of Pelvis</u> <u>fall</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>fall</u> DUE TO (c) <u>Carbon Arterio Sclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
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 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.) <u>fall in yard</u>	
20c. TIME OF INJURY <u>9</u> Hour <u>6/27/63</u> Month, Day, Year 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.) <u>home</u>	20f. CITY, TOWN, OR LOCATION <u>Daviess Co. Mo</u> COUNTY STATE
21. I attended the deceased from <u>June 27, 63</u> to <u>July 3, 63</u> and last saw <u>him</u> alive on <u>July 3, 63</u> Death occurred at <u>7:20</u> P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. J. ...</u> (Degree or title)		22b. ADDRESS <u>...</u>	22c. DATE SIGNED <u>7/5/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-6-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jamesport, Missouri</u>
24. FUNERAL DIRECTOR <u>Hope Funeral Home, Gallatin, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>7-6-63</u>	26. REGISTRAR'S SIGNATURE <u>J. ...</u>

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

Al Dickerson

Licensed Embalmer No.

3302

P. O. Address

Fallston, Md.

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.