

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042728

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 377

FILED DEC 2 1963

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Adair</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville</u> Length of stay in 1b <u>hours</u> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Grim-Smith</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u> c. CITY OR TOWN <u>Novinger</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>none</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Carroll Lavern Snyder</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>November 17, 1963</u>		
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>10-29-1910</u>	<b>9. AGE</b> (last birthday) <u>52</u>	IF UNDER 1 YEAR Months Days Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>McGraw-Edison Co.</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Greencastle, Mo.</u>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>			<b>13a. FATHER'S NAME</b> <u>Walter Snyder</u>		
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Bessie Burchett</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>Irene Snyder</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			<b>16. SOCIAL SECURITY NO.</b> <u>[redacted]</u>		
<b>17. INFORMANT</b> Address <u>Irene Snyder Novinger, Mo.</u>					

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
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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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____
<b>20c. TIME OF INJURY</b> Hour a.m. / p.m. Month, Day, Year _____		

<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE _____
<b>21. I attended the deceased from</b> <u>11-17-63</u> to <u>11-17-63</u> and last saw <sup>KICK</sup> him <sub>alive</sub> on <u>11-17-63</u> Death occurred at <u>11:25 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		

<b>22a. SIGNATURE</b> (Type or print) <u>Nulton T. Eugene M.D.</u>	<b>22b. ADDRESS</b> <u>Kirkville, Missouri</u>	<b>22c. DATE SIGNED</b> <u>11-20-63</u>
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<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>11-20-63</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Greencastle</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Greencastle, Mo.</u>
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<b>24. EMBALMER'S SIGNATURE AND ADDRESS</b> <u>Don Eddy Funeral Home, Inc.</u> <u>415 North Franklin</u> <u>Kirkville, Missouri</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>11-23-1963</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Doris W. Ratliff</u>
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DEC 4 1963

3-9-64

MILTON T. ENGLISH, M.D.

No permit issued

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 Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kirkville, 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.

and upon receipt of this certificate shall be returned to the State Board of Health