MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047300

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 564 STATE FILE NUMBER

FILED DEC 17 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0168		
2	0168		
3	2		
4	0		
5	1		
6			
7	0		
8	0		
9	4200		
10			
11			
12	3-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 11 yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Southeast Hosiptal — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape
c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 136 Pearl ST — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Grover Middle Leon Last Snider
4. DATE OF DEATH: Month Dec Day 11 Year 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-11-1913
9. AGE (last birthday): 49 — IF UNDER 1 YEAR: Months 6 Days 25 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Delta Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: George Snider
13b. MOTHER'S MAIDEN NAME: Ellen Yates
14. NAME OF HUSBAND OR WIFE: Charlotte Snider
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of servi: W.W 2
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Charlotte Snider — Address: Cape Girardeau Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Artery Heart Disease with acute coronary insufficiency.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease with valvular insufficiency
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Malignant Hypertension

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 Sept. 1959 to 12-11-63 and last saw him alive on 11-11-63
Death occurred at (D.O.A.) 12:10 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. A. Kruse M.D. (Degree or title)
22b. ADDRESS: 230 N. Sprigg Cape Girardeau, Mo.
22c. DATE SIGNED: 12-13-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec 14 1963
23c. NAME OF CEMETERY OR CREMATORY: Fairview
23d. LOCATION (City, town, or county) (State): Delta, Mo.

24. FUNERAL DIRECTOR ADDRESS: Brinkopf Howell-Cape Gir Mo.
25. DATE RECD. BY LOCAL REG.: 12-14-63
26. REGISTRAR'S SIGNATURE: Emma Koster

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 1963

JAN 2 1964

DEC 20 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_____ Signed W. H. Estes

Signature of Student Embalmer

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau 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.