THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

'57 027709
STATE FILE NUMBER

FILED AUG 26 1957

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 392

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

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 17 S. Ellis — Reside on Farm: Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print): First: Robert Middle: B. Last: Snider

**4. DATE OF DEATH**: Month: August Day: 15 Year: 1957

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7.** MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

**8. DATE OF BIRTH**: August 18, 1883

**9. AGE** (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Forman Shoe Factory

**10b. KIND OF BUSINESS OR INDUSTRY**: Retired

**11. BIRTHPLACE** (City and state or country): Millersville Mo.

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13. FATHER'S NAME**: J. M. Snider

**14. MOTHER'S MAIDEN NAME**: Sarah Jane Wilson

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No

**16. SOCIAL SECURITY NO.**:

**17. INFORMANT**: Mrs. Marie Snider Address 17 S. Ellis 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): Cerebral Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis, generalized. — 8 years
DUE TO (c): 332X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒ 2

**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 May, 1951 to August 15, 1957 and last saw her/him alive on Aug. 15, 1957
Death occurred at 2:30 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Edward D Campbell M.D.

**22b. ADDRESS**: Cape Girardeau, Mo.

**22c. DATE SIGNED**: 8-19-57

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE**: Aug. 17, 1957

**23c. NAME OF CEMETERY OR CREMATORY**: Lorimier

**23d. LOCATION** (City, town, or county) (State): Cape Girardeau Mo.

**24. FUNERAL DIRECTOR** ADDRESS: Forda Sons Cape Girardeau, Mo.

**25. DATE RECD. BY LOCAL REG.**: 8-19-1957

**26. REGISTRAR'S SIGNATURE**: C. C. Summers

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Campbell

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Willard H. Estes

Licensed Embalmer No. 35

P. O. Address Cape Girar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
- 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.