

Health,
& Welfare
Public
Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41649

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 362

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BONNE TERRE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN BONNE TERRE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BONNE TERRE HOSP.			Length of stay in 1b		d. STREET ADDRESS RT 1 (If outside, give location)		Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) WILLIAM WASHINGTON SNYDER <i>First Middle Last</i>				4. DATE OF DEATH NOV. 12-1957 <i>Month Day Year</i>			
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"/>		8. DATE OF BIRTH SEPT. 19-1867	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 1 Days 23	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) TENNESSEE		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME HARRY SNYDER				14. MOTHER'S MAIDEN NAME MELISSA COOK			
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. NONE		17. INFORMANT Address ETHEL ARMSTRONG ST. LOUIS, MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE PANCREATITIS							INTERVAL BETWEEN ONSET AND DEATH 12 DAYS
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) Carcinoma of prostate gland, 5870H							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 Month Day a. m. p. m. 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION BONNE TERRE MO.		20g. COUNTY BONNE TERRE MO.	
20f. COUNTY		20g. STATE					
21. I attended the deceased from MARCH 1957 to NOV. 12, 1957 and last saw ^{him} alive on NOV. 12, 1957 Death occurred at 8:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Maurin J. Haw, J.M.D.				22b. ADDRESS Bonne Terre Mo		22c. DATE SIGNED 11/15/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-21-57	23c. NAME OF CEMETERY OR CREMATORY BONNE TERRE CEMETERY		23d. LOCATION (City, town, or county) BONNE TERRE MO.		(State)
24. FUNERAL DIRECTOR ADDRESS BOYER'S FH BONNE TERRE, MO.				25. DATE RECD. BY LOCAL REG. Nov. 15, 1957		26. REGISTRAR'S SIGNATURE Ethel Rudloff	

(Licensed Embalmer's Statement on Reverse Side)

89-0

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 *B. T. Boyer*

Licensed Embalmer No. 3660

P. O. Address DESLOGE, 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.