THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 18381

FILED JUN 11 1957

Registration District No. 316 Primary Registration District No. 6073 Registrar's No. 178

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Francios
c. CITY OR TOWN: Bonne Terre, Route I 0940 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Bonne Terre, Route I — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First John Middle Henry Last Snyder
4. DATE OF DEATH: Month June Day I Year I957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: March 22, I869
9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months 2 Days 9 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): St.Francois Co., Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Berry Snyder
14. MOTHER'S MAIDEN NAME: Malissie Cook
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: John C. Snyder Bonne Terre, 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): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): H20.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Senile brain disease
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 6/29/56 to 5/31/57 and last saw ~~her~~ him alive on 5/31/57
Death occurred at 5:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD
22b. ADDRESS: Bonne Terre, Mo.
22c. DATE SIGNED: 6/5/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 5, I957
23c. NAME OF CEMETERY OR CREMATORY: Marvin Chapel Cem.
23d. LOCATION (City, town, or county) (State): Bonne Terre, Route #I, Mo.
24. FUNERAL DIRECTOR ADDRESS: Sparks Funeral Home Bonne Terre
25. DATE RECD. BY LOCAL REG.: June 5, 1957
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

JUN 12 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Everett Sparks

Licensed Embalmer No. 42

P. O. Address Bonnalerre

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.