

No. 300
10-46

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1812

State File No.

BIRTH NO. REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 5795 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>California Mo Piddell</u>		c. CITY OR TOWN <u>California Rural</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0680</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>JAMES</u> c. (Last) <u>SNOODGRASS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug 10 1895</u>		9. AGE (In years last birthday) <u>59</u> Months <u>5</u> Days <u>3</u>		10. IF UNDER 1 YEAR IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telegraph Agent Mo</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Sam Snodgrass</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wilson</u>	
14. NAME OF HUSBAND OR WIFE <u>Rose Willett Snodgrass</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>702-14-4139</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Rose Snodgrass</u>		ADDRESS <u>California Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		DUPLICATE		<u>1 hour</u>	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1/13, 1955, to 1/13, 1955, that I last saw the deceased alive on 1/13, 1955 and that death occurred at 1:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert M. Hays M.D.</u>		23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>1/14/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-15-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>M^cHeik Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>M^cHeik Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Helleman</u>		ADDRESS <u>California Mo</u>	
DATE REC'D BY LOCAL REG. <u>1/20, 55</u>		REGISTRAR'S SIGNATURE <u>Helen L. Pope</u>		506-0	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1680

FEB 7 1

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 *Hugh E. Williams*.....

Licensed Embalmer No. *3537*.....

P. O. Address *California*.....

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.