

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3337**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **325** PRIMARY REG. DIST. NO. **6099** Registrar's No. **27**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <i>Schuyler</i>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Prairie (rural) JPS.</i>	a. STATE <i>Missouri</i>	b. COUNTY <i>Schuyler</i>
c. LENGTH OF STAY (In this place) <i>JPS.</i>		c. CITY OR TOWN <i>Queen City</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>5 miles east of Queen City</i>		e. STREET ADDRESS (If rural, give location) <i>rural - 5 miles east of Queen City</i>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <i>Pydia</i>	b. (Middle) <i>ANN</i>	c. (Last) <i>SNOWBARGER</i>	<i>Jan. 25 1957</i>		
<b>5. SEX</b> <i>Female</i>	<b>6. COLOR OR RACE</b> <i>White</i>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <i>married</i>	<b>8. DATE OF BIRTH</b> <i>Dec. 2 - 1881</i>		<b>9. AGE</b> (In years, last birthday) <i>75</i>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <i>Housewife</i>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <i>Queen City Missouri</i>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <i>U.S.A.</i>

<b>13a. FATHER'S NAME</b> <i>J. W. Coons</i>	<b>13b. MOTHER'S MAIDEN NAME</b> <i>Mary Figgie</i>	<b>14. NAME OF HUSBAND OR WIFE</b> <i>William Snowbarger</i>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <i>Ms. Emma Ferr. Atkinson, da</i>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <i>Coronary Thrombosis</i>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <i>10 hours</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary Sclerosis</i>		<i>10 years</i>
	DUE TO (c) <i>Uncontrolled Pleiote Mellitus</i>		<i>10 years</i>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <i>Hypertension</i>			<i>10 years</i>
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <i>260x</i>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

22. I hereby certify that I attended the deceased from *8/23*, 19*50*, to *1/25*, 19*57*, that I last saw the deceased alive on *1/25*, 19*57*, and that death occurred at *4:50 pm.*, from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <i>David M. Roberts M.D.</i>	<b>23b. ADDRESS</b> <i>Queen City, Mo.</i>	<b>23c. DATE SIGNED</b> <i>1/29/57</i>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b>	<b>24d. LOCATION</b> (City, town, or county) (State)
<i>Burial</i>	<i>Jan 28 '57</i>	<i>Germania Cemetery rural Queen City, Mo.</i>	<i>Queen City, Mo.</i>
<b>DATE REC'D BY LOCAL REG.</b>	<b>REGISTRAR'S SIGNATURE</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <i>Dooley Funeral Home Queen City, Mo.</i>	
<i>1.28.57</i>	<i>Jessie Baker</i>		

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

**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 *Jack H. Doby* .....

Licensed Embalmer No..... *46*

P. O. Address *Queen City*

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.