

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33741

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4425

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>65 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>2722 Prospect</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTH EAST OSTEOPATHIC</u>			

3. NAME OF DECEASED (Type or Print) <u>VELMA D. SNOPE</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>10-18-1950</u>
---	------------	-------------	-----------	---

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>April 2-1906</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Days <u>16</u>	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Business Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>	11. BIRTHPLACE (State or foreign country) <u>La Monte, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				

13a. FATHER'S NAME <u>FRANK SNOPE</u>	13b. MOTHER'S MAIDEN NAME <u>ESSIE DE LADD</u>	14. NAME OF HUSBAND OR WIFE
---------------------------------------	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>48604170</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M. M. Mahler</u>	ADDRESS <u>La Monte Mo.</u>
---	---	--	-----------------------------

18. CAUSE OF DEATH 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>170X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno-Carcinoma of liver to meta</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adeno-Carcinoma of left Breast</u> DUE TO (c) <u>no</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>no</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Pleural effusion L. Chest</u>	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) (Minute)	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 Aug 14, 1950, to Oct 18, 1950, that I last saw the deceased alive on Oct 17, 1950, and that death occurred at 12:10 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank E. Day</u> (Degree or title) <u>D.D.</u>	23b. ADDRESS <u>4314 29th. K.E. Mo</u>	23c. DATE SIGNED <u>10-18-50</u>
--	--	----------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-20-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Monte Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>La Monte Mo.</u>
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>10-20-50</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Moore</u>	ADDRESS <u>La Monte Mo.</u>
--	---	---	-----------------------------

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
Student Embalmer

Signed *Paul M. Moore*.....

Licensed Embalmer No. *3923*.....

P. O. Address *Le Monte 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 this body is not embalmed, fact should be so stated above.