

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37354

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 457

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence 0484	
c. LENGTH OF STAY (in this place) 24 Yrs.		d. STREET ADDRESS (If rural, give location) 1000 East Alton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1000 East Alton			

3. NAME OF DECEASED (Type or Print)	a. (First) DONALD	b. (Middle) R.	c. (Last) SNIVELY	4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 31, 1888	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Day 25	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer	10b. KIND OF BUSINESS OR INDUSTRY Meat Packing	11. BIRTHPLACE (State or foreign country) Lamoni, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Heber C. Snively	13b. MOTHER'S MAIDEN NAME Mary Traxler	14. NAME OF HUSBAND OR WIFE Anna A. Snively
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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. 495-26-3930	17. INFORMANT'S SIGNATURE OR NAME Anna A. Snively, Indep., Missouri	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchial Pneumonia		1 Week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Retro-Nephritic Abscess DUE TO (c) Carcinoma of Stomach		? 2 Years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 151X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept. 1, 1950, to Nov. 26, 1950, that I last saw the deceased alive on Nov. 26, 1950, and that death occurred at 3:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE Eugene R. Young (Degree or title) P.O.	23b. ADDRESS 3353 E. 27 St.	23c. DATE SIGNED Nov. 26, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 28, '50	24c. NAME OF CEMETERY OR CREMATORY Meand Grove Cemetery	24d. LOCATION (City, town, or county) (State) Jackson County, Missouri
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DATE REC'D BY LOCAL REG. Nov. 27-1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland R. Speaks, Independence, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 2 RECD

2611

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

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
*Stanley M. Beato*  
Signed.....  
Licensed Embalmer No. 4504

P. O. Address Kansas City 3, Miss

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.