

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **11658**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **485**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph Mo.		c. CITY (If outside corporate limits, write RURAL and give township) King City Mo. 0380	
c. LENGTH OF STAY (In this place) 7 weeks		d. STREET ADDRESS (If rural, give location) King City Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Dagmar		b. (Middle) V.		c. (Last) Snapp		4. DATE OF DEATH (Month) (Day) (Year) Apr. 26. 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3.7.1889		9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 mos. Days) (Hours) (Min.) 62. 1 23	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Bonhoben Denmark. 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Carl Jepson		13b. MOTHER'S MAIDEN NAME Mary Anderson		14. NAME OF HUSBAND OR WIFE Robert L. Snapp.			
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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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert L. Snapp King City Mo.			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis - acute Hemorrhagic				INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Duodenal fistula				3 wks	
		DUE TO (c) Automatic Cholecysto duodenal				Probably years	
		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. anastomosis					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Cholelithiasis + Cholecysto duodenal fistula				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 584x		
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?		

22. I hereby certify that I attended the deceased from **Mar 25, 1951**, to **April 26, 1951**, that I last saw the deceased alive on **April 25, 1951**, and that death occurred at **10:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul Jergensen M.D.		23b. ADDRESS St Joseph Mo.		23c. DATE SIGNED 4-26-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4.26.1951		24c. NAME OF CEMETERY OR CREMATORY Butler		24d. LOCATION (City, town, or county) (State) King City Mo. R.R.	
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DATE REC'D BY LOCAL REG. May 8, 1951		REGISTRAR'S SIGNATURE Carl C. Costello 446		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. H. Yaggar King City Mo.	
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FEB 17 1954

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

R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.