

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32884

FILED NOV 15 1951

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5218 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Bigcreek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Bigcreek</u> <u>0190</u>	
c. LENGTH OF STAY (In this place) <u>24 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>Mo. 6mi S. of Lee's Summit, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 Mi. S. of Lee's Summit</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u> b. (Middle) <u>Clinton</u> c. (Last) <u>Snoddy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 10, 1869</u>	9. AGE (In years if UNDER 1 YEAR last birthday) Months Days Hours Min. <u>82</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Fort Scott, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Yes, U.S.A.</u>					

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Rider</u>		14. NAME OF HUSBAND OR WIFE <u>Henry D. Snoddy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Maude Belcher, RR 2, Greenwood,</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Failure</u>		
	DUE TO (c) <u>Cardio-vascular - Atrial Fibrillation</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

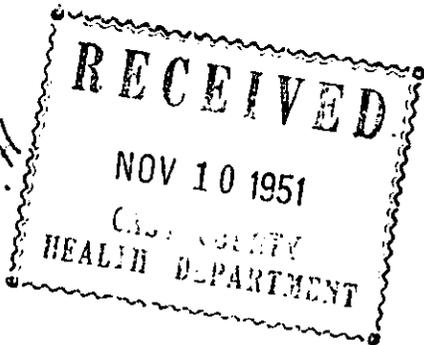
22. I hereby certify that I attended the deceased from June, 1951, to Nov 1, 1951, that I last saw the deceased alive on Nov, 1951, and that death occurred at 5:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Seward Jander</u> (Degree or title) <u>Co.</u>		23b. ADDRESS <u>Prosper Hill, Mo.</u>		23c. DATE SIGNED <u>11/2/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lee's Summit, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nora Barward Lee's Summit, Mo.</u>			
DATE REC'D BY LOCAL REG <u>Nov 5, 1951</u>		REGISTRAR'S SIGNATURE <u>Nora Barward</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Zander
P.H.*



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.

Student Embalmer No.

Signed *B. J. Lindley*

Signed
Student Embalmer

Licensed Embalmer No. *4822*

P. O. Address *Lee Summit, 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.