

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27284

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 900

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY OR TOWN <u>St. Joseph</u> | | c. CITY OR TOWN <u>St. Joseph</u> | |
| c. LENGTH OF STAY (in this place) <u>1 day</u> | | d. STREET ADDRESS (If rural, give location) <u>1415 Charles St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u> | | | |

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|-------------------------------------|-------------------------|---------------------------|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Cecil</u> | b. (Middle) <u>Warren</u> | c. (Last) <u>Snook, Jr.</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 21, 1952</u> |
|-------------------------------------|-------------------------|---------------------------|-----------------------------|--|

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|--------------------|-------------------------------|--|---|--|---------------------------------|-------------------------------|--------------------------------|--------------------------------|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u> | 8. DATE OF BIRTH <u>August 21, 1952</u> | 9. AGE (In years last birthday) <u>0</u> | IF UNDER 1 YEAR Months <u>0</u> | IF UNDER 1 YEAR Days <u>0</u> | IF UNDER 1 YEAR Hours <u>0</u> | IF UNDER 1 YEAR Min. <u>50</u> |
|--------------------|-------------------------------|--|---|--|---------------------------------|-------------------------------|--------------------------------|--------------------------------|

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|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>St. Joseph Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Cecil Warren Snook, Sr.</u> | 13b. MOTHER'S MAIDEN NAME <u>Audrey Mae Smith</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>-----</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cecil Snook, 1415 Charles, St. Joseph, Mo</u> | 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH. <u>20 min</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>concomitant</u> | | |
| DUE TO (b) _____ | | DUE TO (c) _____ | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>776x</u> | 20. AUTOPSY? YES <input 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) |
|--|--|---|

| | | |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 8-21, 1952 to 8-21, 1952 that I last saw the deceased alive on 8-21, 1952 and that death occurred at 12:30 p.m., from the causes and on the date stated above.

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|---|-------------------|------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Clement D. Williams, M.D.</u> | (Degree or title) | 23b. ADDRESS <u>St. Joseph, Mo</u> | 23c. DATE SIGNED <u>8-22-52</u> |
|---|-------------------|------------------------------------|---------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>8/22/1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cenestery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u> |
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| DATE REC'D BY LOCAL REG <u>Aug 28, 1952</u> | REGISTRAR'S SIGNATURE <u>Carl C. Casper</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bowman Funeral Home</u> | ADDRESS <u>St. Joseph, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0111

0113

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 W E Edmouster

Licensed Embalmer No. 4791

P. O. Address 319 So 10 St/Popple 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.