

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31880**
4123

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

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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 60 years		d. STREET ADDRESS (If rural, give location) 5331 Highland	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor			
3. NAME OF DECEASED a. (First) KATIE b. (Middle) MAE c. (Last) SNOWDEN			4. DATE OF DEATH (Month) (Day) (Year) Sept 17 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 27, 1872
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ashland, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Mahlon Camp		13b. MOTHER'S MAIDEN NAME No record	14. NAME OF HUSBAND OR WIFE JAMES SNOWDEN
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 Mrs Ruth David 2730 Troost
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arterio sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Cerebral Hemorrhage	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331 X	
20. INTERVAL BETWEEN ONSET AND DEATH 5 days 10 hrs 20 yrs 2 hrs		21. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 3/19 , 19 50 , to 9/16 , 19 52 , that I last saw the deceased alive on 9/16 , 19 52 , and that death occurred at 6:50 P m. , from the causes and on the date stated above.			
23a. SIGNATURE Joseph A. Fogarty		23b. ADDRESS 402 Northman Bg	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept 20 1952	24c. NAME OF CEMETERY OR CREMATORY Griffith Cemetery	24d. LOCATION (City, town, or county) (State) Vance, Kansas
DATE REC'D BY LOCAL REG. 9-19-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duirk v. Tobin Co 20 W Linwood	

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

5

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, ~~by~~

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Forrest D Coldenow*

Licensed Embalmer No. *4714*

P. O. Address *Kansas 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.