

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED FEB 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>4184</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithville Platte Rural</u> c. LENGTH OF STAY (in this place) <u>14 hrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smithville Clinic</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithville Rural Platte</u> d. STREET ADDRESS (If rural, give location) <u>6300 Rural 5 mile SE Smithville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u> b. (Middle) <u>GENE</u> c. (Last) <u>SNIDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8 1953</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>		8. DATE OF BIRTH <u>Feb 7, 1951</u>		9. AGE (In years last birthday) <u>2</u> if UNDER 1 YEAR Months <u>0</u> Days <u>1</u> if UNDER 1 HRS. Hours <u>1</u> Min. <u>0</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Smithville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Francis Snider</u>	
13b. MOTHER'S MAIDEN NAME <u>Edna Crank</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mother Edna Crank</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, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningoencephalitis</u> ANTECEDENT CAUSES DUE TO (b) <u>Measles</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>0850</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>3 days</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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 <u>2-7</u> , 19 <u>53</u> , to <u>2-8</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-8</u> , 19 <u>53</u> , and that death occurred at <u>6:10 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Octo Novota, M.D.</u>		23b. ADDRESS <u>Smithville, Missouri</u>		23c. DATE SIGNED <u>2-8-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb 10-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Parkville, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland H. Francis</u>	
DATE REC'D BY LOCAL REG. <u>Feb 9-53</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchin</u>		ADDRESS <u>Parkville</u>		(Licensed Embalmer's Statement on Reverse Side)	

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

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~~

Student Embalmer No. 3451

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, 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.