

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10095**
1589

FILED APR 9 1953

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) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 1 1/2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 440 2 1/2 East 9th St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 440 2 1/2 East 9th St.				d. STREET ADDRESS 440 2 1/2 East 9th St.					
3. NAME OF DECEASED (Type or Print) a. (First) James			b. (Middle) Aber		c. (Last) Snook		4. DATE OF DEATH (Month) (Day) (Year) March 18, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 15, 1890		9. AGE (In years: last birthday) Months Days Hours Mins. 6 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wilcox Electric Co.			10b. KIND OF BUSINESS OR INDUSTRY Painter			11. BIRTHPLACE (City and State or Foreign Country) Chillicothe Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Casper Snook			13b. MOTHER'S MAIDEN NAME Sarah Lamp			14. NAME OF HUSBAND OR WIFE Clara Snook			
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. No. 490-10-4721		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Mrs. Clara Snook 440 2 1/2 E. 9th St. K.C. Mo.					
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, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Decompensation 6 mo DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 Jan 18, 1953 , to Mar 17, 1953 , that I last saw the deceased alive on Mar 17, 1953 , and that death occurred at 10:30 Am. , from the causes and on the date stated above.									
23a. SIGNATURE M. L. Fletcher			23b. ADDRESS D. O. 3312 Troost		23c. DATE SIGNED 3-19-53				
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE Mar. 20 1953		24c. NAME OF CEMETERY OR CREMATORY Edgewood Cem.		24d. LOCATION (City, town, or county) (State) Chillicothe Mo.			
DATE REC'D BY LOCAL REG. 3-19-53		REGISTRAR'S SIGNATURE Caroline Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C.L. Forster Kansas City Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr M. L. Fletcher
3312 Troost
Je 1468

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 J. Virgil Herrick
Licensed Embalmer No. 3599

P. O. Address St. C. 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.