

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5071**

FILED FEB 18 1954

**466**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Leavenworth</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>6 mo. 9 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tonganoxie</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Route # 2</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u>		b. (Middle) <u>LeRoy</u>		c. (Last) <u>Snell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-29-54</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>Oct 7, 1939</u>		9. AGE (In years last birthday) <u>14</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS.: Hours _____ Mins. _____			
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>Child</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Greenfield, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Jess Snell</u>		13b. MOTHER'S MAIDEN NAME <u>Hazel Pearl Hogueson</u>		14. NAME OF HUSBAND OR WIFE <u>Child</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jess Snell, Tonganoxie, Kansas</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital malformation of genital = progressive pyelonephritis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>7573</u>				INTERVAL BETWEEN ONSET AND DEATH	
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 <u>7-20</u> , 19 <u>54</u> , to <u>1-29</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1-29</u> , 19 <u>54</u> , and that death occurred at <u>1:00 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wayne Hart</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Children's Mercy Hospital K.C. Mo</u>		23c. DATE SIGNED <u>1-29-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1/31/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hubbell Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Tonganoxie, Ks</u>			
DATE REC'D BY LOCAL REG. <u>1-29-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Quisenberry</u>		ADDRESS <u>Lynette Home, Tonganoxie, Ks</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, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*Hervey J. Jusselyn*

Licensed Embalmer No. 4070

P. O. Address Touganville, Kan.

**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.