

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34265

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 416

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 OR TOWN Independence)		c. CITY OR TOWN Independence	d. Is Residence within limits of a city or incorporated town? yes Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 48 yrs		f. STREET ADDRESS (If rural, give location) 908 S. Cottage	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Claude	b. (Middle) F.	c. (Last) Snider	Oct. 21, 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 7, 1879		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired boilermaker			9. AGE (In years last birthday) 75		
10b. KIND OF BUSINESS OR INDUSTRY Standard Oil Co.			11. BIRTHPLACE (City and State or Foreign Country) Shelbyville, Ky.		
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Daniel Snider		13b. MOTHER'S MAIDEN NAME Rose Cox		14. NAME OF HUSBAND OR WIFE Pearl Snider	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. 486 03 7243		17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Snider, Independence, Mo. ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Natural		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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:45 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh W. Owens Coroner		23b. ADDRESS 1134 Quaker Bldg.		23c. DATE SIGNED 10-22-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/25/54		24c. NAME OF CEMETERY OR CREMATORY Md. Grove Cem.	
24d. LOCATION (City, town, or county) (State) Independence, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson		ADDRESS Independence, Mo.	
DATE REC'D BY LOCAL REG. 10-25-54		REGISTRAR'S SIGNATURE [Signature]		354	

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harold E. Madrel*.....

Licensed Embalmer No. *460*.....

P. O. Address *Indigo*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.