

FILED MAY 24 1955

## STANDARD CERTIFICATE OF DEATH

State File No. ....

15616

2043

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>2 weeks</b>		c. CITY OR TOWN <b>Brookings Township.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>				STREET ADDRESS (If rural, give location) <b>7542 Overhill Road</b>			
3. NAME OF DECEASED (Type or Print) <b>FRANK</b>		a. (First) <b>H.</b>		c. (Last) <b>SNIDER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 8, 1955</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 9, 1881</b>	
9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR Months Days Hours Mins.		11. BIRTHPLACE (City and State or Foreign Country) <b>Campbell, Michigan /</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Representative-Ret.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wholesale Furn.</b>					
13a. FATHER'S NAME <b>Hamilton Snider</b>		13b. MOTHER'S MAIDEN NAME <b>Angeline Brotherton</b>		14. NAME OF HUSBAND OR WIFE <b>Irene Louise Snider</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>486-05-6143</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS City. <b>Mrs. Irene L. Snider, 7542 Overhill Rd., Jackson</b>			
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>congestive heart failure</b> DUE TO (c) <b>Pulmonary fibrosis (xray)</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>(c) Bronchiogenic Carcinoma</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b> <b>2 weeks</b> <b>3 mo.</b> <b>8 months</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. 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)		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>21 April, 1955</u> , to <u>8 May, 1955</u> , that I last saw the deceased alive on <u>8 May, 1955</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Jack M. Davis</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Raytown Missouri</b>		23c. DATE SIGNED <b>9 May 1955</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/10/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>5-10-55</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLORE UND. CO.</b>		ADDRESS <b>K.C.MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Jack Lewis  
Raytown, Mo

Fl. 0100

after 11-11:30 A M Today

2-50

Ej 7:01

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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

*Elmer D. Zippert*

Licensed Embalmer No. 481

P. O. Address Kansas City

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.