

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37130

State File No.

FILED NOV 23 1955

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 452

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence
c. LENGTH OF STAY (in this place) 61 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital of institution, give street address or location) DOA Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence
d. Is Residence within limits of a city or incorporated town? yes Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 9619 E. 23rd St.

3. NAME OF DECEASED (Type or Print)
a. (First) Earl b. (Middle) J. c. (Last) Snider
4. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1955

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH June 15, 1894 9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist 10b. KIND OF BUSINESS OR INDUSTRY Witte Engine Wks 11. BIRTHPLACE (City and State or Foreign Country) Dawn, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Edwin M. Snider 13b. MOTHER'S MAIDEN NAME Kathryn Jones 14. NAME OF HUSBAND OR WIFE Mary H. Snider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I 16. SOCIAL SECURITY NO. 487 03 2733 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary H. Snider ADDRESS Independence, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
ANTECEDENT CAUSES (b) arteriosclerotic heart disease
DUE TO (c) 4200
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 ☐ NO ☐

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) m. 21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1954, to Nov 18, 1955, that I last saw the deceased alive on Oct 19, 1955, and that death occurred at 9 A m., from the causes and on the date stated above.

23a. SIGNATURE E. B. Holloman (Degree or title) 23b. ADDRESS Independence Mo 23c. DATE SIGNED 11/18/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 11/21/55 24c. NAME OF CEMETERY OR CREMATORY Osage City Cem. 24d. LOCATION (City, town, or county) (State) Osage City, Kansas.

DATE REC'D BY LOCAL REG. 11-21-55 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 16 1935

APR 23 1936

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. Kael*.....

Licensed Embalmer No. *460*

P. O. Address *Indep*.....

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.