

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13670

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>557</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>					
c. LENGTH OF STAY (in this place) <u>3 days</u>				d. STREET ADDRESS (If rural, give location) <u>1834 S. Noland</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>									
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Eva</u>		b. (Middle) _____		c. (Last) <u>Snider</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 8 56</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		8. DATE OF BIRTH <u>1-8-1866</u>		9. AGE (In years last birthday) <u>90</u>			
11. BIRTHPLACE (State or foreign country) <u>Briggsville Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>		9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months Days Hours Min.			
13a. FATHER'S NAME <u>Burris Tedrow</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Reeder</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Snider (Dec)</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. R. Doctor</u>		ADDRESS <u>1834 Noland Rd. Indep. Mo.</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>CEREBRAL THROMBOSIS</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>ARTERIO SCLEROSIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		332X		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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>3-19-56</u> , 19____, to <u>4-8-56</u> , 19____, that I last saw the deceased alive on <u>4-8-56</u> , 19____, and that death occurred at <u>10:20 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>David W. Langford</u>				23b. ADDRESS <u>Jackson County Hosp</u>		23c. DATE SIGNED <u>4-8-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-10-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-9-56</u>		REGISTRAR'S SIGNATURE <u>N. B. Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Langford Funeral Home</u>		ADDRESS <u>Lee's Summit Mo.</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

N. B. Langford

Licensed Embalmer No.

4962

P. O. Address

Lees Summit, V

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.