

FILED JUL 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57-21488
STATE FILE NUMBER 268

40311-57

Registration District No.

146

Primary Registration District No.

3026

Registrar's No.

268

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, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Sanit & Hosp.		d. STREET ADDRESS 4312 Claremont	
3. NAME OF DECEASED (Type or print) First LARRY Middle KEITH Last SNIDER		4. DATE OF DEATH Month June Day 20 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 19, 1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	
11. BIRTHPLACE (City and state or country) Independence, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Wesley Snider		13b. MOTHER'S MAIDEN NAME Nadine Rae Ellis	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Nadine Rae Snider, Kansas City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal Agencsis DUE TO (b) Defective Embryonic Development DUE TO (c) Natural Causes		INTERVAL BETWEEN ONSET AND DEATH 5 hrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:30 pm Month, Day, Year 6-20-57		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Independence		20f. CITY, TOWN, OR LOCATION Jackson Mo.	
21. I attended the deceased from Death occurred at 12:30 A.		21. I attended the deceased from Death occurred at 11:30 pm to 12:15 AM 6-20-57	
22a. SIGNATURE Stanford E. Cochevell M.D.		22b. ADDRESS 11037 Wimmer Rd.	
22c. DATE SIGNED 6-22-57		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 24, 1957	
23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery		23d. LOCATION (City, town, or county) (State) Independence, Missouri	
24. FUNERAL DIRECTOR George C. Carson, Independence, Mo.		25. DATE RECD. BY LOCAL REG. 6-24-57	
26. REGISTRAR'S SIGNATURE James L. Ray		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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

Floyd C. Carson

Licensed Embalmer No. *4199*

P. O. Address *Indy Mo*

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.