

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033153

STATE FILE NUMBER

FILED OCT 7 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 416

S. 300  
1-57

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, give TOWNSHIP only) OR TOWN <b>Independence</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City 3208</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>36th &amp; Blue Ridge</b>		Length of stay in lb <b>9 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>928 Fuller</b>
3. NAME OF DECEASED (Type or print) First <b>LOIS</b> Middle <b>H.</b> Last <b>SNYDER</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>2,</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>July 30, 1936</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>File Clerk</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Williams Trucking</b>	9. AGE (In years last birthday) <b>22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>File Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Williams Trucking</b>	9. AGE (In years last birthday) <b>22</b>
11. BIRTHPLACE (City and state or country) <b>Logan Co., Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Perk Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Inez Gill</b>	
14. NAME OF HUSBAND OR WIFE <b>Unknown</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>492-38-8195</b>		17. INFORMANT <b>J. C. Williams, 9504 E. 69th St., K.C., Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple fractures skull</b> DUE TO (b) <b>for left femur</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Autism &amp; Infections</b>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter name of injury in PART I or PART II of item 18.) <b>One car left road &amp; struck 2</b>		
20c. TIME OF INJURY <b>1:30</b> Hour <b>10:25</b> Month, Day, Year <b>1958</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>road</b>	20f. CITY, TOWN, OR LOCATION <b>Independence</b>	COUNTY <b>Jackson</b>	STATE <b>Mo</b>
21. I attended the deceased from _____, to _____, and last saw her/him on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Richard A. Quinn-Cramer</b>		22b. ADDRESS <b>1034 Walnut Bldg</b>	22c. DATE SIGNED <b>10-2-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>Oct-4-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR <b>Geo. C. Carson &amp; Sons, Indep., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-4-1958</b>	26. REGISTRAR'S SIGNATURE <b>James L. Craig</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Dean W. Huff* .....

Licensed Embalmer No. *4914* .....

P. O. Address *Independence, 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.