

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040211

STATE FILE NUMBER 5368

FILED NOV 24 1958 Registration District No. 149 Primary Registration District No. 1005 Registrar's No.

300  
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LAESAW 8.0TD 8150 6
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS HOSP.		Length of stay in 1b 3 weeks	d. STREET ADDRESS (If outside, give location) 9745 OVERBROOK Rd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last MELVILLE VERNON SNYDER			4. DATE OF DEATH Month Day Year Nov. 10-1958			
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 11, 1896	9. AGE (In years last birthday) 61	10. FINDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice President	10b. KIND OF BUSINESS OR INDUSTRY Supply Co Western Auto	11. BIRTHPLACE (City and state or country) Kansas City Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Melle Vern SNYDER	13b. MOTHER'S MAIDEN NAME Rosamond English	14. NAME OF HUSBAND OR WIFE Mabel Snyder
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W I	16. SOCIAL SECURITY NO. 487-05-7237	17. INFORMANT Mrs Mabel Snyder 9745 Overbrook Rd
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Ca Metastasis to Brain &amp; lungs</u>	4 mo
	DUE TO (c) <u>Ca lungs</u>	Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a))		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) 163 ft
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
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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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>Oct 10, 1958</u> to <u>Nov 9, 1958</u> and last saw him alive on <u>Nov 9, 1958</u> Death occurred at <u>3:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Orval J. Needels M.D.	22b. ADDRESS 7400 Worrell Rd Mo	22c. DATE SIGNED Nov 10, 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE 11/12/58	23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMERS SOUS KANSAS CITY	23d. LOCATION (City, town, or county) (State) Missouri
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24. FUNERAL DIRECTOR D.W. NEWCOMERS SOUS-KANSAS CITY	25. DATE RECD. BY LOCAL REG. 11-12-58	26. REGISTRAR'S SIGNATURE new minshall
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All diseases in Part I must be causally related.

Orval T. Needels, M.D. Medical Certification



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 *Bern Lawler* .....

Licensed Embalmer No. *4915* .....

P. O. Address *14 P. Me.* .....

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.