

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005895

STATE FILE NUMBER

FILED MAR 9 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 911

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 Kansas City TOWN Kansas City		c. CITY OR TOWN Lee's Summit	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS 4 Mi. N. Lee's Summit	
3. NAME OF DECEASED (Type or print) John Wesley Snider Jr.		4. DATE OF DEATH Feb. 16, 1959	
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 April 9, 1958
10a. USUAL OCCUPATION (Give kind of work done during past working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY Baby	
11. BIRTHPLACE (City and state or country) Pensacola, Florida		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John W. Snider Sr.		13b. MOTHER'S MAIDEN NAME Ruth Anderson	
14. NAME OF HUSBAND OR WIFE Never Married		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.	
16. SOCIAL SECURITY NO. None		17. INFORMANT Fred Snider, Lee's Summit, 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) Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (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)			INTERVAL BETWEEN ONSET AND DEATH 491X
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 _____ a.m. _____ p.m. _____		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 Lee's Summit COUNTY Missouri STATE Mo.	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 2-16-1959 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugh H. Owens (Degree or title)		22b. ADDRESS 1034 Pratt Blvd	
22c. DATE SIGNED 2-16-59		22d. LOCATION (City, town, or county) (State)	
23a. REMOVAL CREATION, (Removal specify) Burial		23b. DATE Feb. 18, 1959	
23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery		23d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri	
24. FUNERAL DIRECTOR Langsford Funeral Home		25. DATE RECD. BY LOCAL REG. 2-17-59	
26. REGISTRAR'S SIGNATURE Debra Mitchell			

All entries in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Hugh H. Owens

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 *N. B. Longford Jr.*

Licensed Embalmer No. *4962*

P. O. Address *Lee Summit*

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.