

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011252

FILED VS MAR 23 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1428 STATE FILE NUMBER

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 KANSAS CITY		Length of stay in lb 35 yrs.	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GENERAL HOSP.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8209 WOODLAND Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last MARY ELLEN SNELL	4. DATE OF DEATH Month Day Year MARCH 7, 1960
---	--

5. SEX FEMALE	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 20, 1902 57 yrs.	9. AGE (last birthday) 57 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
-------------------------	----------------------------------	---	---	--	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES LADY JONES STORE.	10b. KIND OF BUSINESS OR INDUSTRY ELLSWORTH CO. KANSAS	11. BIRTHPLACE (City and state or country) USA	12. CITIZEN OF WHAT COUNTRY USA
---	--	--	---

13a. FATHER'S NAME THOMAS BROWN	13b. MOTHER'S MAIDEN NAME MAE HINDS	14. NAME OF HUSBAND OR WIFE HOWARD O SNELL
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 495-20-5575	17. INFORMANT HOWARD O SNELL, 8209 BROOKLYN AVE.
---	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull DUE TO (b) Dislocation of Cervical DUE TO (c) Vertebra Compression Fracture		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Plastrum struck by bus
20c. TIME OF INJURY Hour a.m. p.m. 3:7 60	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.) Street

20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Jackson	STATE MO
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Mary Ellen Snell	22b. ADDRESS 1034 Pleasant Bldg	22c. DATE SIGNED 3-8-60
23a. BURIAL, CREMATION, or REMOVAL (Specify) BURIAL	23b. DATE MARCH 9, 1960	23c. NAME OF CEMETERY OR CREMATORIUM MT. MORIAH CEM
23d. LOCATION (City, town, or county) KANSAS CITY MO.		

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KC. MO.	25. DATE RECD. BY LOCAL REG. 3.9.60	26. REGISTRAR'S SIGNATURE Mrs. Marshall
--	---	---

DOCUMENT
MEDICAL CERTIFICATION
OWNERS
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas

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.