

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-005538**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 896

AMENDED

FILED VS MAR 3 1961

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>KANSAS CITY, MISSOURI</b>		c. CITY OR TOWN <b>KANSAS CITY, MO.</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL, KC, MO.</b>		d. STREET ADDRESS (If outside, give location) <b>3229 Cypress</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>H.</b> Last <b>SNYDER</b>			4. DATE OF DEATH Month <b>FEB</b> Day <b>19</b> Year <b>1961</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-1-99</b>	9. AGE (last birthday) <b>61</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	11. BIRTHPLACE (City and state or country) <b>BERGIER COUNTY, MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>HENRY ERVIN SNYDER</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH HOLLINGSWORTH</b>	14. NAME OF HUSBAND OR WIFE <b>MABEL I. SNYDER</b>
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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) <b>Yes 5-6-17 to 5-8-19</b>	17. INFORMANT <b>VA HOSPITAL RECORDS</b>	Address
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Massive intrathoracic hemorrhage</b>		
DUE TO (b) <b>Ruptured aneurysm of descending thoracic aorta</b>		
DUE TO (c) <b>Atherosclerosis of aorta</b>		

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
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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 **2-18-61 11:45 PM** to **2-19-61 3:25 AM** and last saw **him** alive on \_\_\_\_\_  
Death occurred at **3:25 AM 2-19-61** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Ruth H. Owens</i> (Degree or title)	22b. ADDRESS <b>152 Union Station</b>	22c. DATE SIGNED <b>2-20-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>2/21/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS MEMORIAL CHAPELS</b>	23d. LOCATION (City, town or county) <b>BIDLERIDGE CUT OFF, Jackson County, Missouri</b>
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24. FUNERAL DIRECTOR <b>FLORAL HILLS MEMORIAL CHAPELS</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>2-20-61</b>	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 BY AFFIDAVIT OF  
 H. Owens  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 ITEM NO.

**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 John R. Sidino

Licensed Embalmer No. 4531

P. O. Address Kansas City

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.