

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041274

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5552 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF **Wyle G. Willis** MEDICAL CERTIFICATION

**FILED NOV 17 1961**

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 4 months  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Our Lady of Mercy Home Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Kansas b. COUNTY Johnson  
 c. CITY OR TOWN — Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 4508 W. 64 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
MARIE M Snyder November 3, 1961

5. SEX Female 6. COLOR OR RACE Cauc. 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Sept 12, 1890 9. AGE (last birthday) 62  
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Indianapolis Indiana 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME August Guedelhoefer 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE Harold J. Snyder SR.

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. None 17. INFORMANT Harold J. Snyder Sr Address 4508 W. 64

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Encyphalomalacia INTERVAL BETWEEN ONSET AND DEATH 12/1/60  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) —  
 DUE TO (c) Cerebral anoxia 12/1/60  
 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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 1, 1960 to Nov 8, 1960 and last saw her live on Oct 18, 1961  
 Death occurred at Nov 8, 1961 11 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wyle G. Willis M.D. (Physician or other qualified person) 22b. ADDRESS 1103 Grand Avenue 22c. DATE SIGNED 11/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Nov. 7, 1961 23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY 23d. LOCATION (City, town, or county) (State) Kansas City Missouri

24. FUNERAL DIRECTOR Muehlebach ADDRESS 6800 TROOST 25. DATE RECD. BY LOCAL REG. 11-6-61 26. REGISTRAR'S SIGNATURE Ruth Long

LE.  
Dr. Wiles

9/12 - 1919.

1515 Prof. Bldg.  
after 12:30  
Monday

141-2271

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 R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address K. C. 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.