

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006712

STATE FILE NUMBER

AMENDED

Registration District No. **149**

FILED MAR 7 1962

Primary Registration District No. **1002**

Registrar's No. **1085**

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		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 40 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		d. STREET ADDRESS (If outside, give location) 612 EAST 9TH STREET	
3. NAME OF DECEASED (Type or print) First WILLARD Middle FRANKLIN Last SNYDER		4. DATE OF DEATH Month February Day 20 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-18-95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture factory		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 66
11. BIRTHPLACE (City and state or country) Hutchinson, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Benjamin F. Snyder		13b. MOTHER'S MAIDEN NAME Emma E. Richardson	14. NAME OF HUSBAND OR WIFE ---
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT VA Hospital Official Records, K.C. Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. Enter what WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, left lower lobe with granulomatous pulmonary disease, apical lobes, bilateral, marked DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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) Coronary atherosclerosis, moderate			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 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	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
21. attended the deceased from Nov. 27, 1961 to Feb. 20, 1962 Death occurred at 9:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Deceased or Heir) [Signature]		22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 2-21-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb. 22, 1962	23c. NAME OF CEMETERY OR CREMATORY Burton	23d. LOCATION (City, town, or county) (State) Kansas
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 2-22-62	26. REGISTRAR'S SIGNATURE [Signature]	

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 Thomas W. Thayer

Licensed Embalmer No. 4889

P. O. Address Lathrop, 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.