

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1309-62-011377  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1309

FILED MAR 26 1962

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>OTTAWA</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>R.R. #1</u>	

3. NAME OF DECEASED (Type or print) First <u>DAVID</u> Middle <u>ALON</u> Last <u>SNIDER</u>			4. DATE OF DEATH Month <u>MAR.</u> Day <u>3</u> Year <u>1962</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/9/06</u>	9. AGE (last birthday) <u>55</u>	10. IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>J.C. PENNY CO.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE SALESMAN</u>		11. BIRTHPLACE (City and state or country) <u>SAVONBURG KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>JAMES I. SNIDER</u>		13b. MOTHER'S MAIDEN NAME <u>JESSE M. HUBBARD</u>		14. NAME OF HUSBAND OR WIFE <u>ROWENA SNIDER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>571-09-8661</u>		17. INFORMANT <u>SNIDER</u> Address <u>RR1 OTTAWA, KANSAS</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Renal Failure</u> DUE TO (b) <u>Probably Transfusion Reaction</u> DUE TO (c) <u>  </u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 d.</u>
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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.)	
20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>	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 <u>OTTAWA</u> COUNTY <u>  </u> STATE <u>  </u>	

21. I attended the deceased from <u>2-27-62</u> to <u>3-2-62</u> and last saw him alive on <u>3-2-62</u> Death occurred at <u>12 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>A.D. Mitchell MD</u> (Degree & title)		22b. ADDRESS <u>4320 Wornall Rd</u>		22c. DATE SIGNED <u>3-3-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>3/4/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>OTTAWA</u>		23e. STATE <u>KANSAS</u>			

24. FUNERAL DIRECTOR <u>Gates, 1901 Olath Blvd, L.C. Ks</u>		25. DATE RECD. BY LOCAL REG. <u>3-5-62</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

A. Mitchell

VS 300  
Rev. 4/59

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28 150

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9951X

10 46

11 123

12 66-0

13

APR 26 1962

### 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

*Paul R. Williamson*

Licensed Embalmer No. 5009

P. O. Address Overland Park Kc

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.