

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015366

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 123

STATE FILE NUMBER

FILED APR 29 1963

|  |   |   |                                       |
|--|---|---|---------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clay</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>e. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>                     |                                       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kansas City</u>  |   | c. CITY OR TOWN <u>Kansas City</u>  |                                       |
| Length of stay in 1b<br><u>28 yrs.</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>NKC Memorial Hospital</u>  |   | d. STREET ADDRESS (If outside, give location)<br><u>1012 E. 46th Terr. N.</u>   |                                       |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                                       |
| 3. NAME OF DECEASED<br>(Type or print)<br><u>HORACE W. SNIDER</u>  |   | 4. DATE OF DEATH<br>Month <u>April</u> Day <u>25</u> Year <u>1963</u>   |                                       |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>10-22-1888</u> |
| 9. AGE (last birthday)<br><u>74</u>  |   | IF UNDER 1 YEAR<br>Months <u>74</u> Days <u>74</u> Hours <u>74</u> Min. <u>74</u>   |                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>A &amp; P Store</u>   |                                       |
| 11. BIRTHPLACE (City and state or country)<br><u>Ludlow, Missouri</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |                                       |
| 13a. FATHER'S NAME<br><u>Joseph Snider</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Clara Risley</u>  |                                       |
| 14. NAME OF HUSBAND OR WIFE<br><u>Lela H. Snider - Dec.</u>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>                                    |                                       |
| 16. SOCIAL SECURITY NO.<br><u>495-09-3607</u>  |   | 17. INFORMANT<br>Address<br><u>Betty Jo Wood, 1012 E. 46th Terr. N. K.C., Mo.</u>   |                                       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident - Hemorrhage</u><br>DUE TO (b) <u>Cerebral Arteriosclerosis</u><br>DUE TO (c) <u>many years</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 hours</u>  |                                       |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u>4:00</u> a.m. <u>4:00</u> 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<br>COUNTY <u>Clay</u> STATE <u>Mo.</u>   |                                       |
| 21. I attended the deceased from <u>Oct 1958</u> to <u>4-25-63</u> and last saw him alive on <u>4-25-63</u><br>Death occurred at <u>4:00</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.   |   | 22a. SIGNATURE (Degree or title)<br><u>Donald E. Strenny, MD</u>  |                                       |
| 22b. ADDRESS<br><u>8400 N Oak Twp, Kansas City 55, Mo.</u>   |   | 22c. DATE SIGNED<br><u>4-25-63</u>  |                                       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  | 23b. DATE<br><u>4-27-1963</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Monroe Cemetery</u>  |                                       |
| 23d. LOCATION (City, town, or county)<br><u>Ludlow, Missouri</u>   |   | 23e. REGISTRAR'S SIGNATURE<br><u>Marguerite Hudson</u>  |                                       |
| 24. FUNERAL DIRECTOR<br><u>Shell Funeral Home, Kansas City, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>4-25-63</u>  |                                       |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

APR 30 1963

**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 Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address KOMO

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.