MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-020443
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 243

FILED JUN 3 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Independence — Length of stay in 1b: 12 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 9401 E 16th St — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Jackson
c. CITY OR TOWN: Independence — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 9401 E 16th St — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mary — Middle: E. — Last: Roof

4. DATE OF DEATH: Month: May — Day: 20 — Year: 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Sept. 20 1881
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min.

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): Grain Valley Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Palmer Snodgrass
13b. MOTHER'S MAIDEN NAME: Sarah Potts
14. NAME OF HUSBAND OR WIFE: Omer (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of servi: None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ruby Roof — Address: 9401 E. 16th Independence Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardiovascular disease with fibrillation (atrial) — years
DUE TO (c):
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

MEDICAL CERTIFICATION

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 June 1951 to 5/20/63 and last saw her ~~him~~ alive on 5/20/63
Death occurred at 7:10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Vance E. Luck, M.D.
22b. ADDRESS: 1090 Winner Rd Independence, Mo
22c. DATE SIGNED: 5/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5-20-1963
23c. NAME OF CEMETERY OR CREMATORY: Blue Springs Cem
23d. LOCATION (City, town, or county) (State): Blue Springs Mo

24. FUNERAL DIRECTOR — ADDRESS: Webb Funeral Home Blue Springs Mo
25. DATE RECD. BY LOCAL REG.: 5-20-63
26. REGISTRAR'S SIGNATURE: Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

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 William Frew

Licensed Embalmer No. 4739

P. O. Address Blue Springs 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.