

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23683
3087

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) Unk		d. STREET ADDRESS (If rural, give location) 6801 Independence Ave.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6801 Independence Ave.,			

3. NAME OF DECEASED (Type or Print) EDWARD		a. (First)	b. (Middle) O	c. (Last) SNELL	4. DATE OF DEATH (Month) (Day) (Year) 7 / 12 / 50		
5. SEX Male	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Unk	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min. Apparently	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Unk		11. BIRTHPLACE (State or foreign country) Unk		12. CITIZEN OF WHAT COUNTRY? ---	

13a. FATHER'S NAME Unk.		13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE Unk.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME Edna Coffman, 6801 Indep. Ave., K C		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis Heart Disease?				INTERVAL BETWEEN ONSET AND DEATH 4200	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Created from X-rays					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no Relative to Sign Post Permit				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Medical		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens <i>Hugh H. Owens</i>		(Degree or title)		23b. ADDRESS 1034 Beatto Bldg		23c. DATE SIGNED 7-15-50	
24a. BURIAL CREMATION (REMOVAL) (Specify) Burial		24b. DATE 7/16/50		24c. NAME OF CEMETERY OR CREMATORY Maple Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Kans.	

DATE REC'D BY LOCAL REG. 7-15-50		REGISTRAR'S SIGNATURE <i>Seraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE John P. Sheil, K. C. Mo.		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

423 Kavis

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *John P. Seal*

Licensed Embalmer No. 3625

P. O. Address X. C. 710

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 this body is not embalmed, fact should be so stated above.