Snow FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37395

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5574 Registrar's No. 202

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-VanBuren Twp.
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 50 HiWay & Tarsney Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - VanBuren 0480
d. STREET ADDRESS (If rural, give location): 5 mi. E. Lone Jack

3. NAME OF DECEASED (Type or Print): a. (First) Millie b. (Middle) Carolee c. (Last) Snow

4. DATE OF DEATH (Month) Nov. (Day) 13, (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 6, 1931
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretarial
10b. KIND OF BUSINESS OR INDUSTRY: Secretarial
11. BIRTHPLACE (State or foreign country): Buckner, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Milford Branham
13b. MOTHER'S MAIDEN NAME: Tressie Harris
14. NAME OF HUSBAND OR WIFE: Larence Dean Snow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 493-30-3246
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Milford Branham, Lone Jack, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured neck Fractured Left

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Femur multiple Laceration

DUE TO (c) Both Legs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 5 8 16 6 24

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: History & Inspections 0.48
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 50 Highway Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-13-50 - 630A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Automobile accident

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 (Degree or title): Hugh H. Pureus Coroner
23b. ADDRESS: 1038 Realto Bldg
23c. DATE SIGNED: 11-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov-15-1950
24c. NAME OF CEMETERY OR CREMATORY: Oakland Cemetery
24d. LOCATION (City, town, or county) (State): Blue Springs Jackson Mo.

DATE REC'D BY LOCAL REG.: 11/15/50
REGISTRAR'S SIGNATURE: Donald C. Earnshaw
25. FUNERAL DIRECTOR'S SIGNATURE: M B Langsford
ADDRESS: Lee's Summit, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 3833

P. O. Address Lee's Summit, 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 this body is not embalmed, fact should be so stated above.