

FILED JAN 15 1951

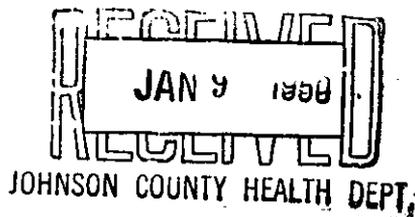
STANDARD CERTIFICATE OF DEATH

State File No. 1614

BIRTH NO.		REG. DIST. NO. 164		PRIMARY REG. DIST. NO. 3032		Registrar's No. 160	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg, Mo.		c. LENGTH OF STAY (In this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden		0519	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Warrensburg Hosp. & Clinic.				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Paul		b. (Middle) Omer		c. (Last) Snare	
4. DATE OF DEATH		(Month) January		(Day) 2,		(Year) 1951	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH Nov. 16, 1905	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Peace Officer		11. BIRTHPLACE (State or foreign country) Magnolia, Johnson Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Peace Officer		10b. KIND OF BUSINESS OR INDUSTRY Law enforcement		11. BIRTHPLACE (State or foreign country) Magnolia, Johnson Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Harry Snare		13b. MOTHER'S MAIDEN NAME Effie Yoder		14. NAME OF HUSBAND OR WIFE Iva Eunice Cobb Snare			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 493-12-1837		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Iva Snare, Holden, Mo.			
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) <i>Chr. Myocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cordis - Renal Vascular Disease</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH ? 44 1/2 x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 Dec-1-50, 19, to Jan 2-, 1951, that I last saw the deceased alive on Jan 2-, 1951, and that death occurred at 9 p m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>R. F. McKinney MD</i>				23b. ADDRESS <i>Warrensburg Mo</i>		23c. DATE SIGNED <i>1-5-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan. 4, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Holden Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Holden, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>Jan. 5, 1951</i>		REGISTRAR'S SIGNATURE <i>Savannah Hutchins</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>E. B. CAST</i>		ADDRESS <i>HOLDEN MO</i>	

(Licensed Embalmers' 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

E.B. Cant

Licensed Embalmer No. *4059*

P. O. Address *Holden, 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.