

FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30428

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3730	
1. PLACE OF DEATH a. COUNTY Jackson 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Arkansas b. COUNTY Boone <i>K030</i>			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City			c. LENGTH OF STAY (in this place) —			c. CITY (If outside corporate limits, write RURAL and give township) De Buit Rd. Harrison, Ark. 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital				d. STREET ADDRESS (If rural, give location) 23rd & Holmen, Kansas City, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) Wesley		c. (Last) Sneeringer		4. DATE OF DEATH (Month) (Day) (Year) Aug. 30, 1951	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 11, 1896	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (State or foreign country) Harrison, Ark!		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward Sneeringer		13b. MOTHER'S MAIDEN NAME Bertha Williams		14. NAME OF HUSBAND OR WIFE Esther Sneeringer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Esther Sneeringer, Harrison, Ark.			
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) Probable Pulmonary embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probable Card. Embolism 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 237X	
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 Aug. 28, 1951 , to Aug. 30, 1951 , that I last saw the deceased alive on Aug. 30, 1951 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE D. R. Black M.D. (Degree or title)				23b. ADDRESS Kansas City, Mo.		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5		24b. DATE 8-30-51		24c. NAME OF CEMETERY OR CREMATORY Harrison Cem.		24d. LOCATION (City, town, or county) (State) Harrison, Ark.	
DATE REC'D BY LOCAL REG. 8-31-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Newcomer's Sons Kansas City, Mo.			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

. P. O. Address.....

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.

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

Robert P. Hanson

Licensed Embalmer No. *4849*

P. O. Address *A. P. 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.