

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33865

State File No.

4268

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

1. PLACE OF DEATH a. COUNTY <u>Jackson Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo</u>	c. LENGTH OF STAY (in this place) <u>14 hrs - 10 min</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stillwell, Stillwell</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Children's Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>8150</u>	

3. NAME OF DECEASED (Type or Print) <u>Marsha Elizabeth Snellings</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 5 1951</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>4-10-51</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months <u>25</u>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Stillwell, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Basil Snellings</u>	13b. MOTHER'S MAIDEN NAME <u>Maie Wilson</u>	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maie Snellings, Stillwell, Kansas</u>	ADDRESS
--	-------------------------------------	--	---------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branchopneumonitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5710</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infectious diseases,</u> DUE TO (c) <u>Dehydration</u>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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 10-5, 1951, to 10-5, 1951, that I last saw the deceased alive on 10-5, 1951, and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.M. Gilkey</u> (Degree or title) <u>O. M. D.</u>	23b. ADDRESS <u>1624 Prof Bldg</u>	23c. DATE SIGNED <u>10/5/51</u>
---	------------------------------------	---------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10/7/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Beltor</u>	24d. LOCATION (City, town, or county) (State) <u>Beltor Mo</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>10-6-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. K. George</u>	ADDRESS <u>Beltor Mo</u>
---	---	--	--------------------------

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.....

A. K. George

Licensed Embalmer No. 3645-

P. O. Address Sioux Falls, S. D.

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.