

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41840**  
Registrar's No. **5304**

FILED DEC 26 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY 2538</b>	
c. LENGTH OF STAY (in this place) <b>LIFE</b>		d. STREET ADDRESS (If rural, give location) <b>3607 Troost Avenue</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>General Hospital #1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b> b. (Middle) <b>C.</b> c. (Last) <b>Snyder</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 7 1951</b>		
---	--	--	---	--	--

5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>AUGUST 27 1887</b>		9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
--------------------	--	-------------------------------	--	---	--	--	--	---	--	-----------------------------	--	----------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DEPUTY SHERIFF</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>SHERIFFS PATROL</b>			11. BIRTHPLACE (State or foreign country) <b>JACKSON COUNTY, MISSOURI</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
---	--	--	--	--	--	---	--	--	--	--	--

13a. FATHER'S NAME <b>JOHN O. SNYDER</b>			13b. MOTHER'S MAIDEN NAME <b>EMMA K. ARN</b>			14. NAME OF HUSBAND OR WIFE <b>MRS. ETHEL SNYDER</b>		
--	--	--	--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>500-12-5945</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ethel Snyder, 3607 Troost Ave. No. 500</b>			
---	--	---	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction</b></p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>Coronary Sclerosis</b></p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>									
								<b>4201</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Natural</b>		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) (Min.)		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 **5:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)		23b. ADDRESS <b>1034 Walnut Plaza</b>		23c. DATE SIGNED <b>12-8-51</b>	
---	--	---------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL #1</b>		24b. DATE <b>DEC. 10, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAH CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
--	--	--------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <b>12-10-51</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D. H. Newcomer, Kansas City, Mo.</b>	
--	--	---	--	--	--

---

---

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

*Charles H. Stehney*

Licensed Embalmer No. *4560*

P. O. Address *KC. 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.