

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20823

State File No. _____

FILED JUN 17 1952

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 229

1. PLACE OF DEATH a. COUNTY <u>Jackson Rural Plm</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence (Rural Plm)</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1604 N. River 0480</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1604 N. River</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Theodore</u>	b. (Middle) <u>Woodrow</u>	c. (Last) <u>Snively</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 5 1952</u>
---	----------------------------	--------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 15 1914</u>	9. AGE (In years last birthday) <u>38</u> if UNDER 1 YEAR Months <u>4</u> if UNDER 1 MRS. Days <u>21</u> Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	-------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mink Farm</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bakersfield, California</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	--	--

13a. FATHER'S NAME <u>Donald Roy Snively</u>	13b. MOTHER'S MAIDEN NAME <u>Addie Cherbbonno</u>	14. NAME OF HUSBAND OR WIFE <u>Dora R. Snively</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>499-14-9914</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dora R. Snively</u> ADDRESS <u>Independence</u>
--	--	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic poisoning</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>2 yrs.</u> <u>2 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Pancreas</u> DUE TO (c) <u>Carcinoma of liver</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157X</u>		

19a. DATE OF OPERATION <u>Jan. 1 52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Pancreas and liver</u>	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 May 31, 1952, to June 5, 1952; that I last saw the deceased alive on May 31, 1952 and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Eugene R. Young D.O.</u>	23b. ADDRESS <u>5500 Troost, K.C. Mo.</u>	23c. DATE SIGNED <u>June 6 52</u>
--	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-6-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>6-6-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland [Signature]</u> ADDRESS <u>Independence Mo.</u>
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

180
1

JUN 13 RECD

AUG 6 1953

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 _____

Raymond M. Hardy

Student Embalmer No. *452*

working under my personal supervision.

Student *Raymond M. Hardy*
Student Embalmer

Signed *Poland R. Feakes*

Licensed Embalmer No. *3604*

P. O. Address *Indy, 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.