S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34439

State File No. .....

FILED OCT 22 1952

BIRTH NO. ..... REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5218 Registrar's No. 150

0190 3

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Big Creek Twp
c. LENGTH OF STAY (in this place) /
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) #71 By Pass Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sugar Creek Blvd - KC Mo 1 0480
d. STREET ADDRESS (If rural, give location) Rural Route 6 KC Mo

3. NAME OF DECEASED (Type or Print)
a. (First) Shirley
b. (Middle) Anne
c. (Last) ~~Sneling~~ Edie

4. DATE OF DEATH (Month) (Day) (Year) 10-14-52

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11-28-1935
9. AGE (In years last birthday) 16 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and State or Foreign Country) Stoutland Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Earl Snelling
13b. MOTHER'S MAIDEN NAME Della P. Builderback
14. NAME OF HUSBAND OR WIFE ~~Earl Snelling~~ Albert Edie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Earl Snelling KC Mo 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRACTURE DISLOCATION CERVICAL VERTEBRAE — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) FRACTURE MANDIBLE
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. FRACTURE RT. FEMUR FRACTURE LEFT TIBIA & FIBULA

19a. DATE OF OPERATION /
19b. MAJOR FINDINGS OF OPERATION /
E 816.4 26
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 019 Cass Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 14 '52 6P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? COLLISION OF TWO CARS

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 6P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. F. Barger Coroner MD
23b. ADDRESS Harrisonville Mo
23c. DATE SIGNED Oct. 14 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/15/52
24c. NAME OF CEMETERY OR CREMATORY Buckner
24d. LOCATION (City, town, or county) (State) Buckner Mo

DATE REC'D BY LOCAL REG. Oct. 15 1952
REGISTRAR'S SIGNATURE Nora Barnard 457-
25. FUNERAL DIRECTOR'S SIGNATURE Speaks Funeral Home ADDRESS Independence Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT 18
CASS COUNTY
HEALTH DEPARTMENT

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 W B Langford

Licensed Embalmer No. 3833

P. O. Address Lee's Summit

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.