

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21747**
2915
Registrar's No.

FILED JUL 9 - 1953
BIRTH NO. REG. DIST. NO. **199** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 40Yr.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION 2415 Highland Ave.		* STREET ADDRESS (If rural, give location) 2415 Highland Ave.	
3. NAME OF DECEASED (Type or Print) Mattie		a. (First) Mattie	b. (Middle) S
c. (Last) Snell		4. DATE OF DEATH (Month) (Day) (Year) 6 7 53	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 4, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 56
11a. BIRTHPLACE (City and State or Foreign Country) Columbia, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Howard Crews		13b. MOTHER'S MAIDEN NAME Annie Morse	
14. NAME OF HUSBAND OR WIFE Charlie Snell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Gould Winn ADDRESS 2415 Highland Ave.	
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) CARCINOMA of BREAST	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		170+	
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 6-7 , 19 53 , to 6-7 , 19 53 , that I last saw the deceased alive on 6-7 , 19 53 , and that death occurred at 5:30 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE Donald S. Ferguson (Degree or title) Donald S. Ferguson M.D.		23b. ADDRESS 2120 East 16th St.	23c. DATE SIGNED 6-10-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-11-53	24c. NAME OF CEMETERY OR CREMATORY Columbia, Mo.	24d. LOCATION (City, town, or county) (State) Columbia, Mo.
DATE REC'D BY LOCAL REG. 6-10-53	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Marlene & Williams ADDRESS 1739 Lytle	

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.....
Signature of Student Embalmer

Signed *D. J. Manslow Jr.*

Licensed Embalmer No. *3999*

P. O. Address *2503 High*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.