

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **5070**  
633  
Registrar's No.

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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) <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>25 YEARS</b>	c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Rail Cafe- 828 North Cleveland</b>		e. STREET ADDRESS (If rural, give location) <b>612 East 9th Street</b> <b>3138</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b>	b. (Middle) <b>WINSTON</b>	c. (Last) <b>Snedden SR.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>February 6 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>Oct. 15, 1906</b>	9. AGE (In years last birthday) <b>47</b>	if UNDER 1 YEAR Months	if UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED-1 YEAR- WELDER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Orrick, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>FRANK A. SNEDDEN</b>	13b. MOTHER'S MAIDEN NAME <b>BERNICE JACKSON</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. DOROTHY SNEDDEN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>486-21-3271</b>	17. INFORMANT'S SIGNATURE OR NAME <b>FRANK A. SNEDDEN</b>	ADDRESS <b>912 EAST 9th ST KANSAS CITY, MO.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b> (b) <b>Cirrhosis of liver</b> DUE TO (b) (c) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b> <b>2-3 yrs</b> <b>5810</b>
	II. 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 15, 1954**, to **Feb 5<sup>th</sup>, 1954**, that I last saw the deceased alive on **Feb 5, 1954**, and that death occurred at **12:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Starr D. Ramey</b> (Degree or Title)	23b. ADDRESS <b>900 Benton K.P. MO</b>	23c. DATE SIGNED <b>2-6-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-9-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>UNION CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ORRICK MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>2-9-54</b>	REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Neosoms</b>	ADDRESS <b>931 BRUSH CREEK KANSAS CITY, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3

0.300  
0.48

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 *John P. S. Lutz*.....  
Licensed Embalmer No. 36

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.