No. 300
10.48

FILED OCT 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34155

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4778

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Johnson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 2900 West 51st St.

3. NAME OF DECEASED (Type or Print)
a. (First): CURTIS
b. (Middle): F.
c. (Last): SNYDER

4. DATE OF DEATH (Month) (Day) (Year): Oct. 13, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 11, 1897
9. AGE (In years last birthday): 56 — 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): Salesman-Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Structural Steel
11. BIRTHPLACE (City and State or Foreign Country): Pennsylvania, Pittsburg
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Fred Snyder
13b. MOTHER'S MAIDEN NAME: Minerva B. Blackstone
14. NAME OF HUSBAND OR WIFE: Evelyn L. Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W.W. # I
16. SOCIAL SECURITY NO.: 339-03-3772
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Evelyn Snyder, 2900 W. 51, K. C., Ks.

MEDICAL CERTIFICATION

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) Bleeding Gastric ulcer — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Gastric ulcer — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 54 yrs

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 9-14, 1954, *to* 10-13, 1954, *that I last saw the deceased alive on* 10-13, 1954, *and that death occurred at* 12:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Frank B. Leitz (Degree or title) M.D.
23b. ADDRESS 1530 Prof. Bldg. Kan. City, Mo.
23c. DATE SIGNED 10-14-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 10-14-54
24c. NAME OF CEMETERY OR CREMATORY: Newcomer's Crematory
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 10-14-54
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: STINE & McCLURE UND. CO. K.C.MO.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Frank B. Leitz
1530 Proj. Bldg.
Ha 1331

Exp 12:30 A.M.

Research Hosp.
8:45 to 9:45 A.M.
Thursday

NOV 10 193

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eugene [illegible]

Licensed Embalmer No. 46

P. O. Address Kansas Cit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.