

FILED DEC 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37613
5265

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

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) **Kansas City**

c. LENGTH OF STAY (If in this place) **7 days**

c. CITY OR TOWN **Kansas City Rural** d. Is Residence within limits of city or incorporated town? No Yes

d. FULL NAME OF HOSPITAL OR INSTITUTION **Mallotte Nursing Home**

STREET ADDRESS (If rural, give location) **7330 Sni-A-Bar Road**

3. NAME OF DECEASED
a. (First) **OSCAR** b. (Middle) **T.** c. (Last) **SNYDER**

4. DATE OF DEATH (Month) (Day) (Year) **November 12, 1954**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **10-18-1870**

9. AGE (In years last birthday) **84**

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) **Retired - Tavern Owner**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Hocken Dockway, Penn. /**

12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Eli Snyder**

13b. MOTHER'S MAIDEN NAME **Amenda**

14. NAME OF HUSBAND OR WIFE **Maud C. Snyder**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Tillman H. Snyder K. C. Mo.**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Hypertension**
Cerebral hemorrhage
DUE TO (c) **Bright's disease**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Senile dementia**

INTERVAL BETWEEN ONSET AND DEATH
48 hrs
5 yrs
48 hrs
4 yrs
1 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **593 X**

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 **Aug 6, 1954**, to **Nov. 11, 1954**, that I last saw the deceased alive on **Nov 11, 1954**, and that death occurred at **5 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE **H.S. Prentiss** (Degree or title) **MD**

23b. ADDRESS **900 Rialto Bldg**

23c. DATE SIGNED **11/12/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **11-13-54**

24c. NAME OF CEMETERY OR CREMATORY **Forest Hill**

24d. LOCATION (City, town, or county) (State) **Kansas City, Mo.**

DATE REC'D BY LOCAL REG. **11-14-54** REGISTRAR'S SIGNATURE **neva marshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Freeman Mortuary Kansas City, Mo.**

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

W. H. S. Burdette
900 Park St
1923

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 *Walter H. Erwin*

Licensed Embalmer No. *435*

P. O. Address *Kansas 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.