

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8100**

FILED APR 14 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1331</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (In this place) <u>92 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OSTEOPATHIC HEALTH HARRISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY OR TOWN <u>KANSAS CITY</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) <u>4421 MAIN STREET</u> <span style="float: right;">3668</span>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JACOB</u> b. (Middle) <u>SNOWBERGER</u> c. (Last) <u>BIDDLE</u>			4. DATE OF DEATH <u>MAR 24 1955</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB 8, 1867</u>		9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>15</u>		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FEDERAL PRISON EMPLOYEE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>PRISON</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SHARPSBERG PENNSYLVANIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>LEVI BIDDLE</u>			13b. MOTHER'S MAIDEN NAME <u>MARIA INGRAM</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA BIDDLE</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS ANN BIDDLE</u> ADDRESS <u>4421 MAIN ST. H.C.M.U.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Vascular Accident (2)</u> ANTECEDENT CAUSES <u>Medullary Spinal</u> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				331 X					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>3-6, 1955</u> to <u>3-24, 1955</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>3-24, 1955</u> , and that death occurred at <u>3:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>K. C. McMillan</u> (Degree or title) <u>DO.</u>				23b. ADDRESS <u>11th &amp; Harrison</u>		23c. DATE SIGNED <u>3-24-55</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MARCH 24, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT MUNCIE</u>		24d. LOCATION (City, town, or county) (State) <u>LEAVENWORTH KANSAS</u>			
DATE REC'D BY LOCAL REG. <u>3-25-55</u>		REGISTRAR'S SIGNATURE <u>neva amirshah</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. DAHS</u>		ADDRESS <u>UNDERTAKING COMPANY</u>			

(Licensed Embalmer's Statement on Reverse Side)

LEAVENWORTH KANSAS

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

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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 *Clarence E. Moulden*.....

Licensed Embalmer No. *2015-12*

P. O. Addr. *Lawrenceville, Ga*

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.