

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23975**
2095

FILED JUL 25 1956

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. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 14 YEARS		e. STREET ADDRESS (If rural, give location) 6227 E. 14th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION The Menorah Medical Center			

3. NAME OF DECEASED a. (First) HELEN Sue (Type or Print)			b. (Middle) Snedden			c. (Last) Snedden			4. DATE OF DEATH (Month) 7 (Day) 6 (Year) 56				
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, & WIDOWED, DIVORCED (Specify country) NEVER MARRIED		8. DATE OF BIRTH FEB-15-1942			9. AGE (In years last birthday) 14		IF UNDER 1 YEAR Days _____ Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EIGHTH GRADE STUDENT				10b. KIND OF BUSINESS OR INDUSTRY EAST HIGH SCHOOL				11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME FRANK SNEDDEN JR.			13b. MOTHER'S MAIDEN NAME HELEN DRINKARD			14. NAME OF HUSBAND OR WIFE _____		
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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) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. HELEN SKIRVIN		ADDRESS 6227 EAST 14TH ST. KANSAS CITY, MO.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 1 week	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulver Polioneuritis						0800	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. _____							
		DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		19b. MAJOR FINDINGS OF OPERATION							

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 7-2-, 1956, to 7-6-, 1956, that I last saw the deceased alive on 7-6-, 1956, and that death occurred at 7:30 AM., from the causes and on the date stated above.

23a. SIGNATURE Jack W. Wolf (Degree or title) M.D.		23b. ADDRESS 409 E. 63 ST. KANSAS CITY, MO.		23c. DATE SIGNED 7/7/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 9 1956		24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEM.		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 7-9-56 neva minshall		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE B. H. Newcomer		ADDRESS 137 BRUSH CREEK KANSAS CITY, MO.	

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

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 *Richard L. Rogan*.....

Licensed Embalmer No. *1013*.....

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.