FILED NOV 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34254
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4627

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys Hosp. — Length of stay in 1b: 70 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City 3098 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 3528 Windsor (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First John Middle H. Last Snedaker
4. DATE OF DEATH: Month Oct. Day 24 Year 1956
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: May 5, 1862
9. AGE (In years last birthday): 94 yrs. — 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 Paint Executive
10b. KIND OF BUSINESS OR INDUSTRY: Sewall Paint Co.
11. BIRTHPLACE (City and state or country): Ripley Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John H. Snedaker
14. MOTHER'S MAIDEN NAME: Lucy Dana
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 499-07-6949
17. INFORMANT: Address: Mrs. Albert B. Fuller 219 N. Monroe

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 3 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Atherosclerotic Heart Disease — Years
DUE TO (c) — 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Generalized Atherosclerosis
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Nov 1956 to Oct 24-56 and last saw her/him alive on Oct 23, 56
Death occurred at 4:55 am m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Robert L. Ward M.D. (Degree or title)
22b. ADDRESS 4126 St. John
22c. DATE SIGNED 10-24-56
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-26-56
23c. NAME OF CEMETERY OR CREMATORY: Mt Washington
23d. LOCATION (City, town, or county) (State): Kansas City Mo.
24. FUNERAL DIRECTOR: Stine & McClure ADDRESS: K.C.Mo.
25. DATE RECD. BY LOCAL REG.: 10-25-56
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Robert L. Ward

Dr. R. L. [illegible]
[illegible]
[illegible] 3-31[illegible]
[illegible] 3-[illegible]
4110 [illegible] 2nd floor - will be Home St 1 R.M.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Eugene [illegible]

Licensed Embalmer No. 4[illegible]

P. O. Address [illegible]

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