

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40855  
STATE FILE NUMBER

FILED DEC 19 1956

Registration District No. 59 Primary Registration District No. 4101 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, give TOWNSHIP or TOWN) <b>Belton</b>		c. CITY OR TOWN <b>Belton</b> <u>0190</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>520 Main</b>		d. STREET ADDRESS <b>520 Main</b>	
3. NAME OF DECEASED (Type or print) <b>VERA DALLAS SNIDER</b>		4. DATE OF DEATH <b>Nov. 29, 1956</b>	
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 12, 1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machine Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Garment Factory</b>	
11. BIRTHPLACE (City and state or country) <b>Jackson Co., Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Eugene Snider</b>		14. MOTHER'S MAIDEN NAME <b>Eudora Ann Meador</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-10-6079</b>	
17. INFORMANT <b>Mrs. Arch Miller</b>		Address <b>Belton, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBRAL HEMORRHAGE, CENTRAL, MASSIVE</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>CEREBRAL ARTERIO SCLEROSIS</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <b>2 HOURS</b> <b>UNKNOWN</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>NONE</b>	
20c. TIME OF INJURY - a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>		20f. CITY, TOWN, OR LOCATION <b>BELTON, MO.</b>	
20g. COUNTY <b>CASS</b>		20h. STATE <b>MISSOURI</b>	
21. I attended the deceased from <b>Nov. 29, 1956</b> to <b>Nov. 29, 1956</b> , and last saw her <sup>him</sup> alive on <b>Nov. 29, 1956</b> . Death occurred at <b>8:30 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Herbert A. Tracy, M.D.</b>		22b. ADDRESS <b>BELTON, MO.</b>	
22c. DATE SIGNED <b>12-1-56</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-1-1956</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Belton Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Belton, Mo.</b>	
24. FUNERAL DIRECTOR <b>E. K. George &amp; Sons</b>		25. DATE RECD. BY LOCAL REG. <b>12/1/56</b>	
ADDRESS <b>Belton, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Phyllis Anderson Deputy</b>	

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Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
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RECEIVED

DEC 17 1956

HEALTH DEPARTMENT

DEC 18 1956

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 E. George*

Licensed Embalmer No. *395*

P. O. Address *Boston*

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.