Health, & Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 017513
STATE FILE NUMBER

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL · WASHINGTON — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) BURKS SCHOOL AREA — Length of stay in 1b 7 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN HICKMAN MILLS — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 6309 KINGSLEE DRIVE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CORNELIA Middle Last DAVIS
4. DATE OF DEATH Month Day Year MAY 20 1957
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH JULY 28 1931
9. AGE (In years last birthday) 25 — 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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (City and state or country) NEAR PRAIRIE HOME, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JAMES ELLIS SNODGRASS
14. MOTHER'S MAIDEN NAME CORNELIA REMLEY
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.
17. INFORMANT CHARLES RICHARD DAVIS — Address 6309 KINGSLEE DRIVE HICKMAN MILLS, MO.

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) Shock & Hemorrhage resulting
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) from fractured Cervical Spine
DUE TO (c) multiple lacerations over body
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 9349 46
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.) Tornado Victim
20c. TIME OF INJURY Hour ~~a.m.~~ p.m. Month, Day, Year 7:45 5-20-57
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 Jackson Mo
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ P. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) [signature] M.D. Deputy Coroner
22b. ADDRESS 6627 Prospect Kans
22c. DATE SIGNED 5-21-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE MAY 25 1957
23c. NAME OF CEMETERY ~~OR CREMATORY~~ FLORAL HILLS CEMETERY
23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS — ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.
25. DATE RECD. BY LOCAL REG. 5/22/57
26. REGISTRAR'S SIGNATURE [signature] E. Goddard

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 28 1957

MAY 1 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 48

P. O. Address KC Mo

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