

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32183
STATE FILE NUMBER
4198
Registrar's No.

FILED SEP 24 1957

Registration District No. 149 Primary Registration District No. 1002

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hospital		Length of stay in 1b 1 week	d. STREET ADDRESS (If outside, give location) 115 S. Rogers		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CHESTER LEE SNOW			4. DATE OF DEATH Month Day Year Sept. 7, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 26, 1924		9. AGE (In years last birthday) 33
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dock Worker		10b. KIND OF BUSINESS OR INDUSTRY Middlewest Freight		11. BIRTHPLACE (City and state or country) Independence, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Chester Allen Snow		13b. MOTHER'S MAIDEN NAME Elsie May Whitman	
14. NAME OF HUSBAND OR WIFE ---		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. 49430-6608	
17. INFORMANT Mrs Elsie May Snow		Address 115 S. Rogers		Mo. Indep.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia					INTERVAL BETWEEN ONSET AND DEATH 48 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Acute Nephritis					5 days
DUE TO (c) _____					590X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Paralytic Ileus					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		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 August 27, 1957 to Sept 7, 1957 and last saw her alive on Sept. 7, 1957 Death occurred at 2:10 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) F. W. Thompson P.O.			22b. ADDRESS 6705 Bryant Building		22c. DATE SIGNED 9-7-57
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-10-57	23c. NAME OF CEMETERY OR CREMATORY Woodland Cemetery		23d. LOCATION (City, town, or county) (State) Independence, Missouri
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons Indep. Mo.			25. DATE RECD. BY LOCAL REG. 9-7-57	26. REGISTRAR'S SIGNATURE Neve Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
F. W. Thompson on

All diseases in Part I must be causally related.

APR 18 1958

OCT 7 1957

SEP 24 1957

Handwritten signature/initials

Handwritten number 216-3462

STATEMENT BY LICENSED EMBALMER

216-3462

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 *J. H. Gibson*

Licensed Embalmer No. *24891*
P. O. Address *Indep. 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.