

FILED MAY 12 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013591
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) MO. CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NORTH KANSAS CITY		c. CITY OR TOWN NORTH KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1205 CLAY		d. STREET ADDRESS (If outside, give location) 1205 CLAY	
3. NAME OF DECEASED (Type or print) First STELLA Middle B Last SNOW		4. DATE OF DEATH Month APRIL Day 28 Year 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 21, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) FRANKFORT, INDINA
13a. FATHER'S NAME JACOB ARMSTRONG		13b. MOTHER'S MAIDEN NAME MARY C. BARNETT	14. NAME OF HUSBAND OR WIFE (Deceased) SAMUEL D. SNOW
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 Address MR. LLOYD D. SNOW-1205 CLAY N.K.C.Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO (b) Congestive heart failure DUE TO (c) Hypertensive C-V disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X			INTERVAL BETWEEN ONSET AND DEATH 4 days 3 weeks 10-15 years
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 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 April 5, 1958 , to April 28, 1958 and last saw her alive on April 27, 1958 Death occurred at 2:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James S. Newcomer</i> (Degree or title)		22b. ADDRESS 40301 Oak KC 16 Mo	22c. DATE SIGNED 5-1-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5/1/1958	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY	23d. LOCATION (City, town, or county) (State) LIBERTY, MISSOURI
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER'S SONS NORTH K.C. Mo.		25. DATE RECD. BY LOCAL REG. 5-1-58	26. REGISTRAR'S SIGNATURE <i>Marguerite Judgens</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Glenn D. Rice*

Licensed Embalmer No. *4586*....
P. O. Address *K. C. 16, 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.