

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30385-58

58-017550  
STATE FILE NUMBER

FILED MAY 28 1958 Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 67

300  
1-57

1. PLACE OF DEATH a. COUNTY <i>Cass</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Harrisonville Mo</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Jessie Summit Mo</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Memorial Hosp</i>		Length of stay in lb <i>8 Days</i>	d. STREET ADDRESS (If outside, give location) <i>Rte 662 E Orchard</i>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>DANETTE LYNN SNIDER</i>			4. DATE OF DEATH Month Day Year <i>MAY 15 1958</i>		
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5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>MAY 5 1954</i>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days <i>10</i>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>✓ ✓</i>	11. BIRTHPLACE (City and state or country) <i>Harrisonville, Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>James D Snider</i>	13b. MOTHER'S MAIDEN NAME <i>Virginia A Snyder</i>	14. NAME OF HUSBAND OR WIFE <i>none</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>James D Snider</i>	Address <i>Jessie Summit, Mo</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Septicemia, basii gastroenteritis with pulmonary cardiac renal &amp; liver complications</i>		INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <i>5-5-58</i> to <i>5-15-58</i> and last saw her/him alive on <i>5-15-58</i> Death occurred at <i>3:45 AM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <i>W E Eklund MD</i>	22b. ADDRESS <i>Pleasant Hill, Mo</i>	22c. DATE SIGNED <i>5-16-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>May 18 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Kittenville Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Kittenville Mo</i>
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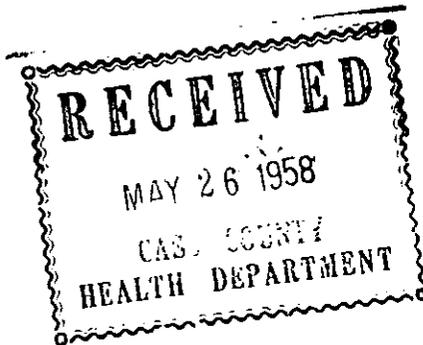
24. FUNERAL DIRECTOR <i>Conrad &amp; Rapp Helder</i>	ADDRESS <i>Mo</i>	25. DATE RECD. BY LOCAL REG. <i>May 18, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Dora Barnard</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must sign only statements and certificates in return to: No symptoms with death.

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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 *M. J. Conroy* .....

Licensed Embalmer No. *3434* .....

P. O. Address *Heldreth, 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.