Health, & Welfare Public Service

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FILED JUL 30 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025800
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3494

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Luke's Hosp. — Length of stay in Hospital: 2 Wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Johnson
c. CITY OR TOWN: Westwood 64158 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2900 W. 51st Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mrs. Middle: Evelyn Lillian Last: Snyder

4. DATE OF DEATH: Month: July Day: 16 Year: 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: Sept. 18, 1904

9. AGE (In years last birthday): 53 — 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): Records Clerk

10b. KIND OF BUSINESS OR INDUSTRY: City Clerk

11. BIRTHPLACE (City and state or country): Winthrop, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Alfred G. Larson

13b. MOTHER'S MAIDEN NAME: Hulda Anderson

14. NAME OF HUSBAND OR WIFE: Curtis Snyder

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.: 509-32-6967

17. INFORMANT: Miss Sue Snyder — Address: 2900 W. 51st Street

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive Heart Failure	7 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Heart Block.	1 hour.
DUE TO (c)	Myocarditis - chronic	1 year.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4330

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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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

21. I attended the deceased from 7-2-57, to 7-16-58 and last saw her/him alive on 7-16-58
Death occurred at 3:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: P. L. Byers M.D. (Degree or title) D

22b. ADDRESS: 4635 Wyandotte KC Mo

22c. DATE SIGNED: 7/17/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: July 19, 1958

23c. NAME OF CEMETERY OR CREMATORY: D. W. Newcomer's

23d. LOCATION (City, town, or county): Kansas City (State): Missouri

24. FUNERAL DIRECTOR: Stine & McClure Und. Co., K. C., Mo. — ADDRESS

25. DATE RECD. BY LOCAL REG.: 7-17-58

26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

P. L. Byers

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 L. L. Walton

Licensed Embalmer No. 2744

P. O. Address K. C. 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.