

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036422

AMENDED

FILED VS OCT 30 1959

149

Primary Registration District No. 1002

Registrar's No.

4881

STATE FILE NUMBER

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		Length of stay in 1b 50 yrs		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4210 Montgall				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4210 Montgall	
3. NAME OF DECEASED (Type or print) First CAMILLA Middle SNEDIKER Last				4. DATE OF DEATH Month Oct. Day 8 Year 1959			
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 6-19-1868	
9. AGE (last birthday) 91		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Norway	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Peter Olsen				13b. MOTHER'S MAIDEN NAME Nancy Knutsen	
14. NAME OF HUSBAND OR WIFE Harry Snediker				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. No				17. INFORMANT Elizabeth Snediker, 4210 Montgall			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 2 hours	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m.		Month, Day, Year					
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	
21. I attended the deceased from 1954 , to Oct 8-59 and last saw her/him alive on Oct 4-1959 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Edward A. Samuelson M.D.				22b. ADDRESS 4620 Nichols Pkwy K.C. Mo.		22c. DATE SIGNED Oct 10-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-10-1959		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home				25. DATE RECD. BY LOCAL REG. 10-10-59		26. REGISTRAR'S SIGNATURE Neve Trinchall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Edward A. Samuelson

Woodland-Linwood

(Licensed Embalmer's Statement on Reverse Side)

Edw. F.
J. A. Jackson
4220 J. C. Mich.
Lo 1-0600

Will stop? F. A.

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 James E. Jackson

Licensed Embalmer No. 4573

P. O. Address J. C. Mich

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.