

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006589

FILED VS FEB 23 1960

812

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Laclede	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 29 days	c. CITY OR TOWN Lebanon
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 538 S. Washington
3. NAME OF DECEASED (Type or print) First ELMER Middle NONE Last SNOW		4. DATE OF DEATH Month FEBRUARY Day 9, 1960 Year	
5. SEX MALE	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 8-23-95
9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	11. BIRTHPLACE (City and state or country) LACLEDE COUNTY, MO.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTY COLLECTOR-RETIRED		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME GEORGE W. SNOW		13b. MOTHER'S MAIDEN NAME AMANDA GARDEN	14. NAME OF HUSBAND OR WIFE N/A
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. NONE	17. INFORMANT RAYMOND SNOW BROTHER RR 3 Lebanon, Mo. Official Records VA Hospital, 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) Pulmonary congestion and edema DUE TO (b) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Hepatoma, massive PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Portal cirrhosis			INTERVAL BETWEEN ONSET AND DEATH
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 _____ 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 1-11-60 to 2-9-60 and last saw her alive on _____ Death occurred at 5:15 P.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. A. TURNER, (Deputy, title) J. A. Turner, M.D.		22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 2-10-60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE FEB 10, 1960	23c. NAME OF CEMETERY OR CREMATORY LEBANON CEM	23d. LOCATION (City, town, or county) LEBANON MO. (State)
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K.C.MO. ADDRESS		25. DATE RECD. BY LOCAL REG. 2-10-60	26. REGISTRAR'S SIGNATURE Drew Minshall

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 20 1961

SEP 7 1961

SEP 5 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Roger F. Fullitt

Licensed Embalmer No. 481

P. O. Address K C M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.