

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. AUG 29 1960

409560-030803
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. _____

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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) Kansas City		Length of stay in 1b 12 months 27 days	c. CITY OR TOWN Jackson Kansas city Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5210 Indiana Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Hollis Middle K. Last Snapp			4. DATE OF DEATH Month 8th Day 7th Year 1960		
5. SEX Male	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 7-10-16	9. AGE (last birthday) 44 yrs	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Electricity	11. BIRTHPLACE (City and state or country) Harris, Mo		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME T.D. Snapp		13b. MOTHER'S MAIDEN NAME Mildred Batson		14. NAME OF HUSBAND OR WIFE None	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Peacetime		16. SOCIAL SECURITY NO. 513208396	17. INFORMANT Address Mildred Johnson, Mother, K.C., Mo VA Hospital Records, Kansas City, Mo
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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) congestive heart failure DUE TO (b) extensive old myocardial infarctions DUE TO (c) advanced atherosclerosis of coronary arteries Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) encephalomalacia, left cerebral hemisphere, with rt. hemiparesis		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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA	20f. CITY, TOWN, OR LOCATION VA	COUNTY _____ STATE _____
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21. attended the deceased from **July 11, 1960** to **August 7, 1960** and last saw her/him alive on _____
Death occurred at **3:30p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE T. F. Fritzen (Degree or title)	22b. ADDRESS MD V.A. Hospital, Kansas City, Mo	22c. DATE SIGNED 8-7-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-8-60	23c. NAME OF CEMETERY OR CREMATORY Cherryvale Cemetery	23d. LOCATION (City, town, or county) (State) Cherryvale, Kansas.
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24. FUNERAL DIRECTOR ADDRESS D. W. Newcomer's Sons K. C. Missouri. 1331 Brush Creek	25. DATE RECD. BY LOCAL REG. 8-9-60	26. REGISTRAR'S SIGNATURE H-L. Dwyer
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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1961 JUN 1 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *B. D. Nelson*

Licensed Embalmer No. 442

P. O. Address Kansas

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