SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

61-024418
STATE FILE NUMBER

AMENDED

FILED JUL 19 1961

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 115

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mt. Pleasant Township
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 328th USAF Hospital Richards-Gebaur AFB, Mo
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: England
b. COUNTY:
c. CITY OR TOWN: Warrington
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 19 Clare Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: John Middle: Peter Last: Snoddy
4. DATE OF DEATH: Month: July Day: 9 Year: 1961
5. SEX: Male
6. COLOR OR RACE: Cau
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 9,61
9. AGE (last birthday):
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: 0 Min.: 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NA
10b. KIND OF BUSINESS OR INDUSTRY: NA
11. BIRTHPLACE (City and state or country): Richards-Gebaur AFB Missouri
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: Jerry Lee Snoddy
13b. MOTHER'S MAIDEN NAME: Audrey Clark
14. NAME OF HUSBAND OR WIFE: NA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NA (If yes, give war or dates of service): NA
16. SOCIAL SECURITY NO.: NA
17. INFORMANT: Jerry L. Snoddy Address: Box 166 Field Maintenanc Sq, Richards-Gebaur AFB

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Immaturity, (570 Grams) — INTERVAL BETWEEN ONSET AND DEATH: 5 Min
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 9 July 1961, to 9 July 1961 and last saw her/him alive on 9 July 1961
Death occurred at 0431 (4:31AM) m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A.J. HALPERN, CAPT, USAF, MC
22b. ADDRESS: 328th USAF Hospital Richards-Gebaur AFB, Missouri
22c. DATE SIGNED: 10 Jul 61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-11-1961
23c. NAME OF CEMETERY OR CREMATORY: Delta Cemetery
23d. LOCATION (City, town, or county) (State): Delta, Iowa

24. FUNERAL DIRECTOR ADDRESS: E. K. George & Sons, Inc, Belton, Mo.
25. DATE RECD. BY LOCAL REG.: July 16-1961
26. REGISTRAR'S SIGNATURE: Mrs Ray Sebree

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4911

P. O. Address _____

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.