

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034997

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4772 STATE FILE NUMBER

FILED SEP 28 1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M. Tillman

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson		a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in lb 41 yrs.		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wheatley Provident Hosp.		d. STREET ADDRESS (If outside, give location) 1318 E. 24th St.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Andrew Allen Snyder			4. DATE OF DEATH Month Day Year Sept. 12, 1962
5. SEX Male	6. COLOR OR RACE Col.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/21/79
9. AGE (last birthday) 83		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) Coach cleaner		10b. KIND OF BUSINESS OR INDUSTRY St. L. & San F.R.R. Lafayette Cy, Ark.	
11. BIRTHPLACE (City and state or country) U.S.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Mack Snyder		13b. MOTHER'S MAIDEN NAME Kate Wallace	
14. NAME OF HUSBAND OR WIFE Lula Pearl Snyder		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. A-717317		17. INFORMANT Address Mrs. S.L. Perkins, K.C., Mo.	
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 4 days
IMMEDIATE CAUSE (a) Acute Intestinal Obstruction			
DUE TO (b) Incarcerated Right Inguinal Hernia			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Surgical Operation to relieve Obstruction			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 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 Sept. 11-62 to Sept. 12-62 and last saw him alive on Sept. 12-62 . Death occurred at Sept. 12-62 2 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. M. Tillman MD		22b. ADDRESS 1618 Lydia Ave.	
22c. DATE SIGNED 9/17/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/18/62	
23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		23d. LOCATION (City, town, or county) Kansas City, Jackson, Mo.	
24. FUNERAL DIRECTOR Badeau, Appleton & Jones, K.C., Mo.		25. DATE RECD. BY LOCAL REG. 9-17-62	
26. REGISTRAR'S SIGNATURE Ruth Song			

USE BLACK INK OR TYPEWRITER RIBBON

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 Conrado Galindo Ballester

Licensed Embalmer No. 4944

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.