No. 300
10-48

FILED JUL 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23172

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 [redacted] Registrar's No. 635

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY [redacted]
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield Rural N. Campbell Twp
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Springfield Municipal Airport [redacted] Highway 00

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Douglas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ava
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Thomas
b. (Middle) Martin
c. (Last) Story

4. DATE OF DEATH (Month) (Day) (Year) 7-17-49

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 2-21-35
9. AGE (In years last birthday) 14 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolboy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ava, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Glenn Story
13b. MOTHER'S MAIDEN NAME Eva Daves
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Glenn Story — ADDRESS Ava, Missouri

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Poliomyelitis (Bulbar — INTERVAL BETWEEN ONSET AND DEATH 5 d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0800

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-17, 1949, *to* 7-17, 1949, *that I last saw the deceased alive on* 7-17, 1949, *and that death occurred at* 6:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Arthur J. Busick MD
23b. ADDRESS Springfield, Mo
23c. DATE SIGNED 7-21-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-20-49
24c. NAME OF CEMETERY OR CREMATORY Ava,
24d. LOCATION (City, town, or county) (State) Ava, Missouri

DATE REC'D BY LOCAL REG. 7-23-49
REGISTRAR'S SIGNATURE W. S. Handley MD
25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard Funeral Home — ADDRESS Ava, Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 2 1940

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 .....
Student Embalmer

Signed Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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 this body is not embalmed, fact should be so stated above.