

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42306

State File No.

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 4081 Registrar's No. 2

0170

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

1. PLACE OF DEATH a. COUNTY <u>CARROLL Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Bosworth Mo</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>	
c. CITY OR TOWN <u>Bosworth</u>		d. STREET ADDRESS (If rural, give location) <u>0170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>STORM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 13 1953</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>JAN. 10 - 1870</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>CARROLL Co</u>	12. CITIZEN OF WHAT COUNTRY? <u>-</u>
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13a. FATHER'S NAME <u>ARTHUR STORM</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA J. BABBITT</u>	14. NAME OF HUSBAND OR WIFE <u>VENORA STORM, Bosworth Mo</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JAMES W. STORM</u> ADDRESS <u>Bosworth Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility + Broncho Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>491X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 1, 1953 to Dec 17, 1953, that I last saw the deceased alive on Dec 12, 1953 and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. J. Foster Brown M.D.</u> (Degree or title)	23b. ADDRESS <u>Bosworth Mo</u>	23c. DATE SIGNED <u>Dec 16/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Dec 16, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wharton</u>	24d. LOCATION (City, town, or county) (State) <u>4m. S.E. Bosworth Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 16-1953</u>	REGISTRAR'S SIGNATURE <u>Pearl Koch</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Foster Brown</u> ADDRESS <u>Bosworth Mo</u>
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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

David J. Edwards

Licensed Embalmer No. 3265

P. O. Address Bonworth 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.