

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **543**

FILED JAN 18 1954

No. 300
10.48

0190

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

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5229		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural- Polk		c. LENGTH OF STAY (in this place) 28 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Polk			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles N.E. Pleasant Hill				d. STREET ADDRESS (If rural, give location) 3 Miles N.E. Pleasant Hill			
3. NAME OF DECEASED (Type or Print) a. (First) Ella			b. (Middle) Lucille		c. (Last) Storms		4. DATE OF DEATH (Month) (Day) (Year) 1-11-1954
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 10-22-1898	
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Pleasant Hill, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William A. Vinsant			13b. MOTHER'S MAIDEN NAME Mattie Bagshaw		14. NAME OF HUSBAND OR WIFE Everett Storms		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Everett Storms Pleasant Hill, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis ANTECEDENT CAUSES obesity Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) obesity DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 25 yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 4201 Pleasant Hill, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-28, 1947 , to 1-11, 1954 , that I last saw the deceased alive on 28 Dec, 1953 , and that death occurred at 2⁰⁰ A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. E. ... M.D.				23b. ADDRESS Pleasant Hill, Mo.		23c. DATE SIGNED 1-13-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-13-1954		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem.		24d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Jan 13, 1954		REGISTRAR'S SIGNATURE Dora Barnard		25. FUNERAL DIRECTOR'S SIGNATURE Allen Brown		ADDRESS Pleasant Hill, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 16 1954
CASS COUNTY
HEALTH DEPARTMENT

NS
APR 12 1960

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.

Signed Allen Brownfield

Student
Student Embalmer

Licensed Embalmer No. 3789

P. O. Address Allen, Ill.

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.