

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40627

State File No. _____

FILED DEC 5 - 1957

5494

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>4 hrs.</u>		c. CITY OR TOWN <u>Kansas City, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN</u>				X STREET ADDRESS (If rural, give location) <u>3503 E. 57th Ave</u> ⁶⁰⁰⁰			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>MARTIN</u> c. (Last) <u>STORRS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 18 1957</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 22 1879</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Engineer Burlington R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>La Grange, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John Storrs</u>			13b. MOTHER'S MAIDEN NAME <u>Unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Geneva Storrs</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Geneva Storrs</u> ADDRESS <u>3503 E. 57th Ave</u>			
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) <u>Acute Pulmonary Edema</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Vascular Accident</u> DUE TO (c) <u>Pulmonary Embolus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hr</u>
19a. DATE OF OPERATION <u>10-24-57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Benign Prostatic Hypertrophy</u>					20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)		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 <u>Oct 22</u> , 1957, to <u>Nov 18</u> , 1957, that I last saw the deceased alive on <u>Nov 14</u> , 1957, and that death occurred at <u>8 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>B. W. Andrews, M.D.</u> (Degree or title) ^D			23b. ADDRESS <u>2007 Fayette St. Mo. K.C. Mo.</u>		23c. DATE SIGNED <u>11-19-57</u>		
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>Nov 21 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Clay Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-20-57</u>		REGISTRAR'S SIGNATURE <u>Neve Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Neelomera Sons</u> ADDRESS <u>N.K.C. Mo.</u>			

B. WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Dr. Andrews

K.P.
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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
Signature of Student Embalmer

Signed *Glenn A. Hill*

Licensed Embalmer No. *4586*

P. O. Address *K.C. 16, 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.