

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS JAN 25 1960**

**=60-001923**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **164**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>Non resident</b>	c. CITY OR TOWN <b>Raytown</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>50 Hwy &amp; 53rd St</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5924 Crescent</b>
3. NAME OF DECEASED (Type or print) First <b>CARROL</b> Middle <b>SUE</b> Last <b>STORBECK</b>		4. DATE OF DEATH Month <b>1/9/60</b> Day Year	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>11/2/39</b>
9. AGE (last birthday) <b>20</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>I B M operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Armour &amp; Co</b>	11. BIRTHPLACE (City and state or country) <b>Maryville, Mo</b>
12. CITIZEN OF WHAT COUNTRY <b>U S A</b>		13a. FATHER'S NAME <b>Lewis Ulmer</b>	
13b. MOTHER'S MAIDEN NAME <b>Bessie Ross</b>		14. NAME OF HUSBAND OR WIFE <b>Gerald Storbeck(Div.)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>492-38-8108</b>	17. INFORMANT <b>David Ulmer, 5924 Crescent (Bro)</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fractured Skull +</b> DUE TO (b) <b>Massive Subdural Hemorrhage</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>car struck embankment</b>	
20c. TIME OF INJURY Hour <b>5:40</b> Month, Day, Year <b>1-9-60</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Trauman City Jackson Mo</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Bob Hall Jr. M.D. Deputy coroner</b>		22b. ADDRESS <b>6627 Prickett St</b>	22c. DATE SIGNED <b>1-9-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/12/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>	23d. LOCATION (City, town, or county) (State) <b>Maryville, Mo</b>
24. FUNERAL DIRECTOR <b>Sheil Colonial Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>K C Mo 1-11-60</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Geo. C. Kealhofer

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John P. Steid

Licensed Embalmer No. 3625

P. O. Address A C M

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.