

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038839

FILED VS NOV 14 1960 164

Registration District No. 5052 Primary Registration District No. 132 Registrar's No. 132

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JOHNSON</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WARRENSBURG</u>		Length of stay in 1b <u>2 DAYS</u>		c. CITY OR TOWN <u>GROVE TOP KNORNSTON</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MEDICAL CENTER</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>851 STE CONCORDIA, MO</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>STORCK</u> Last <u>STORCK</u>				4. DATE OF DEATH Month <u>OCTOBER</u> Day <u>10</u> Year <u>1960</u>									
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>JAN 31, 1878</u>		9. AGE (last birthday) <u>82</u>					
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>GEN FARMING</u>		11. BIRTHPLACE (City and state or country) <u>GERMANY</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>FRED STORCK</u>			13b. MOTHER'S MAIDEN NAME <u>SOPHIE LANGWICH</u>			14. NAME OF HUSBAND OR WIFE <u>MARY STORCK</u> <i>Deceased</i>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>499-42-9029A</u>			17. INFORMANT <u>WILLIE STORCK</u>			Address <u>KNORNSTON, MO</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral vascular accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cerebrovascular Dis</u> DUE TO (c) _____ 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								INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4 years</u>					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from <u>11-7-60</u> to <u>11-10-60</u> and last saw him alive on <u>11-10-60</u> Death occurred at <u>7:50 AM.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree, if any) <u>[Signature]</u>						22b. ADDRESS <u>Warrensburg, Mo.</u>			22c. DATE SIGNED <u>11/8/60</u>				
22d. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/12/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross.</u>			23d. LOCATION (City, town, or county) <u>EMMA</u>			23e. STATE <u>MO</u>			
24. FUNERAL DIRECTOR <u>E.S. James</u>				ADDRESS <u>Concordia, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>NOV. 11, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Savannah Brutchfield</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. L. James

Licensed Embalmer No. 2058

P. O. Address Concord

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.