

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-028385

STATE FILE NUMBER

AMENDED

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 527

FILED AUG 28 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Boone</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>COLUMBIA</u>		c. CITY OR TOWN <u>WHITEMAN A. F. BOSE</u>	
Length of stay in lb <u>31 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>UNIVERSITY HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>332 E. ALTUS CIRCLE</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last			4. DATE OF DEATH
<u>MINNIE SECRET STORCK</u>			Month <u>8</u> Day <u>20</u> Year <u>1961</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-2-1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>JEFF, Illinois</u>	9. AGE (last birthday) <u>56</u>
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
<u>U.S.A.</u>		<u>U.S.A.</u>	
13a. FATHER'S NAME <u>CURT SECRET</u>		13b. MOTHER'S MAIDEN NAME <u>GRACE VAN FOSSAN</u>	14. NAME OF HUSBAND OR WIFE <u>Neil R. STORCK</u>
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>3</u>	17. INFORMANT Address <u>HOSPITAL-Records Columbia, MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Ketosis</u>			<u>3 HRS.</u>
DUE TO (b) <u>Diabetes Mellitus</u>			<u>10 MOS.</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) <u>CYSTADENOCARCINOMA OF OVARY, METASTATIC</u>			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 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>Jul. 20, 1961</u> to <u>AUG. 20, 1961</u> and last saw her/him alive on <u>AUG. 20, 1961</u>			
Death occurred at <u>8:10 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robert W. Muellerhoff, M.D.</u>		22b. ADDRESS <u>U. of Mo. Hospital, Columbia, Mo.</u>	22c. DATE SIGNED <u>Aug 21, 1961</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8-21st. 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Earlham, Iowa, and Cemetery, Earlham, Iowa.</u>	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR <u>WARREN'S BURIAL MISSOURI</u>	
25. DATE RECD. BY LOCAL REG. <u>Aug 24, 1961</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

MAR 7 1962

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 *J. B. Bluminger*

Licensed Embalmer No. 3377

P. O. Address Warrensburg,

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.