

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33877

State File No. 4456

FILED NOV 3 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Eby	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City General		c. CITY (If outside corporate limits, write RURAL and give township) Liberty	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural give location) 428 N. Main St	
d. FULL NAME OF HOSPITAL OR INSTITUTION City of Kansas			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) LEGON	c. (Last) STORK	4. DATE OF DEATH (Month) (Day) (Year) OCT. 14 1951
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 16, 1906
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER FOR SELF	11. BIRTHPLACE (State or foreign country) Kearney, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME TRIGG STORK		13b. MOTHER'S MAIDEN NAME EFFIE Bradshaw	
14. NAME OF HUSBAND OR WIFE Georgia Stork			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-12-7533	
17. INFORMANT'S SIGNATURE OR NAME Georgia Stork		ADDRESS 519 N. Green St. Liberty, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Shock & Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Gunshot wound DUE TO Shock & chest II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 2 1/2			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20. ACCIDENT OR SUICIDE (Specify) None		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) City Jail	
21a. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) N.C. Jackson Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10/14/51 11 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		22. HOW DID INJURY OCCUR? Gunshot wound	
23a. SIGNATURE Thos. A. Jones (Name of title)		23b. ADDRESS 1612 E 12th	
23c. DATE SIGNED 10/16/51			
24a. REMOVAL (Specify) _____		24b. DATE Oct. 19-51	
24c. NAME OF CEMETERY OR CREMATORY 4 airview		24d. LOCATION (City, town, or county) (State) Liberty, Mo	
DATE REC'D BY LOCAL REG. 10-19-51		REGISTRAR'S SIGNATURE Geraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE C. C. Davis		ADDRESS R. C. Mo.	

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

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
Student Embalmer

Signed *C. E. Davis*

Licensed Embalmer No. 4417

P. O. Address K. C. 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 this body is not embalmed, fact should be so stated above.