

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1377

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 307

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

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>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>24 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>4316 Bell St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grosse Nursing Home</u>			

3718
3710

3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Katherine</u> c. (Last) <u>Stoerman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 19 1950</u>			
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 6, 1872</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Scipio, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>Frank Lickteig</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Knab</u>	14. NAME OF HUSBAND OR WIFE <u>Ferd Stoerman</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. H. Sanders</u>	ADDRESS <u>3 E 34th St.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction (partial)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> <u>?</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ca of sigmoid</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>			

19a. DATE OF OPERATION <u>9-26-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-25-49, to 1-19-50, that I last saw the deceased alive on 10-10-49, and that death occurred at 3a m., from the causes and on the date stated above.

23a. SIGNATURE <u>E.O. Parsons</u>	(Degree or title) <u>m. D. U.</u>	23b. ADDRESS <u>Plaza Mel Bell</u>	23c. DATE SIGNED <u>1-20-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan. 21, 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Boniface Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Scipio, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>1-20-50</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home</u>	ADDRESS <u>K. C. Kansas</u>
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Dr. Parsons
Blago Med. Coll.

Dr. Parsons
Blago Med. Coll.

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 Jimmy S. Hubsher
Licensed Embalmer No. 4092

P. O. Address Mission, Kan

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.