

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13281

State File No.

BIRTH NO. REG. DIST. NO. 449 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1567

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kansas City

c. LENGTH OF STAY (In this place) 2 weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Kansas b. COUNTY Crawford

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pittsburg

d. STREET ADDRESS (If rural, give location) 1604 North Locust

3. NAME OF DECEASED (Type or Print)

a. (First) Casper b. (Middle) B. Story c. (Last) Story

4. DATE OF DEATH (Month) (Day) (Year) 4 2 1950

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 12 31 1886 9. AGE (In years last birthday) 63

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk

10b. KIND OF BUSINESS OR INDUSTRY K. C. Southern Railroad

11. BIRTHPLACE (State or foreign country) --- Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andrew F. Story 13b. MOTHER'S MAIDEN NAME Ida Busey 14. NAME OF HUSBAND OR WIFE Julia Leret Story

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War # 1.

16. SOCIAL SECURITY NO. 702-12-0798

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Julia Leret Story - Pittsburg, Kans.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION - DIRECTLY LEADING TO DEATH* Uremia

II. OTHER SIGNIFICANT CONDITIONS Cardiovascular Disease, Hypertension, Chronic kidney disease, Stroke

INTERVAL BETWEEN ONSET AND DEATH 3 years, 3 years, 18 1/2

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Carcinoma of serosa of bladder 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-21, 1950 to 4-2, 1950, that I last saw the deceased alive on 4-2, 1950 and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE W. P. Miller MD 23b. ADDRESS 5000 Carnegie Bldg # 3-50 23c. DATE SIGNED 4-3-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 4-3-1950 24c. NAME OF CEMETERY OR CREMATORY - LOCATION (City, town or county) (State) Pittsburg, Kansas

DATE REC'D BY LOCAL REG. 4-3-50 REGISTRAR'S SIGNATURE Steldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C. L. Forster, Kansas City, Missouri

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

JUN 12 1950

JUN 19 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Law Clark
Licensed Embalmer No. *4716*

P. O. Address *A. C. Moore*

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.