

FILED JUN 17 1950

STANDARD CERTIFICATE OF DEATH

20637

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL KANSAS CITY 73 YEARS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY 048'</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>96<sup>TH</sup> STREET &amp; HOLMES ROAD</b>		d. STREET ADDRESS (If rural, give location) <b>2502 EAST 28<sup>TH</sup> STREET</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b> b. (Middle) <b>H.</b> c. (Last) <b>STOREY, SR.</b>	4. DATE OF DEATH <b>JUNE-6-1950</b>
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5. SEX <b>0</b>	6. COLOR OR RACE <b>MALE WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAR-3-1867</b>	9. AGE (In years last birthday) <b>83 YEARS</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 60 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED-18 YEARS</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>POSTMAN</b>		11. BIRTHPLACE (State or foreign country) <b>JOHNSTOWN PENNSYLVANIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>HENRY K. STORY</b>	13b. MOTHER'S MAIDEN NAME <b>ESTHER JONES</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. CARRIE STORY</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. CARRIE STORY</b>	ADDRESS <b>2502 EAST 28<sup>TH</sup> ST. KANSAS CITY, MO.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>24</b> <b>01</b> <b>25</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Shock &amp; Hemorrhage from multiple fractures of skull, compound fracture of both legs, resulting from being struck by truck.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>None</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>96th &amp; Holmes</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Jackson</b> <b>Jackson</b> <b>MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6-6-50 9:15 P</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Struck by a truck</b>
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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 **9:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Rev. C. Decker, Dist. Deputy Coroner</b>	23b. ADDRESS <b>3447 Park St. S.E. Mo</b>	23c. DATE SIGNED <b>6-7-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JUNE 9 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>6/9/50</b>	REGISTRAR'S SIGNATURE <b>Dr. C. W. Newcomer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. W. Newcomer</b>	ADDRESS <b>1331 BRUSH CREEK Blvd KANSAS CITY, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 13 RECD

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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 *Wayne L. Daniel*

Licensed Embalmer No. *4702*

P. O. Address *Kansas City, 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.