S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34024

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5573 Registrar's No. 133

0480
1

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL SNIA-BAR ~~Grain Valley~~
c. LENGTH OF STAY (in this place) 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grain Valley 0480
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Logan
b. (Middle) J
c. (Last) Storms

4. DATE OF DEATH (Month) Oct. (Day) 5 (Year) 1951

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Jan 19-1870
9. AGE (In years last birthday) 81 — If under 1 year: Months 8 Days 16 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cass Co Mo 0
12. CITIZEN OF WHAT COUNTRY? Usa.

13a. FATHER'S NAME Asa Storms
13b. MOTHER'S MAIDEN NAME Mary —
14. NAME OF HUSBAND OR WIFE Lucindia Storms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Mrs Lucindia Storms — ADDRESS Grain Valley 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bacillary Dysentery — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Asthenia
DUE TO (c) ~~Grade~~

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac decompensation 5 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 0454
20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 10-4, 1951, *to* 10-5, 1951, *that I last saw the deceased alive on* 10-5, 1951, *and that death occurred at* 10:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Charles Himmler, D.O. (Degree or title)
23b. ADDRESS Grain Valley, Mo
23c. DATE SIGNED 10-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE Oct. 8-1951
24c. NAME OF CEMETERY OR CREMATORY Blue springs
24d. LOCATION (City, town, or county) Blue springs (State) Mo

DATE REC'D BY LOCAL REG. 10-8-51
REGISTRAR'S SIGNATURE Donald C. Eamsbaw 378
25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home Blue springs Mo — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

OCT 26 REC'D

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 R B Webb 22 53

Signed.....
Student Embalmer

Licensed Embalmer No. Blue Springs

P. O. Address 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.