

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1038

State File No.

FILED FEB 4 1952

BIRTH NO. REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5486 Registrar's No. 19

5410

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Martinsville</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in West part of Martinsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Martinsville Dallas Township 0413</u>	
d. STREET ADDRESS (If rural, give location) <u>West part of Martinsville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Noah</u> b. (Middle) <u>James</u> c. (Last) <u>Stormer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 26 1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Aug 10 1891</u>
9. AGE (years last birthday) <u>60</u>	IF UNDER 1 YEAR (Months) (Days) <u>5 16</u>	IF UNDER 28 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Road Construction</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Road Work</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Ransom E. Stormer</u>	13b. MOTHER'S MAIDEN NAME <u>Cordelia Spillman</u>	14. NAME OF HUSBAND OR WIFE <u>Mora Louise Stormer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mora Louise Stormer</u> ADDRESS <u>Martinsville Mo</u>	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio. Vasculor-Renal Dis.</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>	
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>	21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>1-26, 1952</u> , to <u>1-26, 1952</u> , that I last saw the deceased alive on <u>1-26, 1952</u> , and that death occurred at <u>6:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Clara Century</u> (Degree or title) <u>DO</u>		23b. ADDRESS <u>BETHANY, Missouri</u>	
23c. DATE SIGNED <u>1-28-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 28 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coger Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Worth County MO</u>
DATE REC'D BY LOCAL REG. <u>1/29/52</u>	REGISTRAR'S SIGNATURE <u>Zola Burres</u>	116	25. FUNERAL DIRECTOR'S SIGNATURE <u>W H Noble & son</u> ADDRESS <u>New Hampton Mo</u>

EST 47. APR 1971

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 me

Student Embalmer No. _____

working under my personal supervision.

Signed _____

W H Noble

Signed _____
Student Embalmer

Licensed Embalmer No. 2904

P. O. Address New Hampton MD

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.