

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **38951**  
 Registrar's No. **5001**

FILED DEC 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY 3438</b>	
c. LENGTH OF STAY (In this place) <b>20 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>5804 WYANDOTTE STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>TRINITY LUTHERAN HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>AVIS</b>	b. (Middle) <b>ESTELLE</b>	c. (Last) <b>STORMS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 13 1952</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>MAY 30 1906</b>	9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>P.B.X. TELEPHONE OPERATOR</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>INSULAND STEEL PRODUCTS COMPANY</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>CHARLES W. STORMS</b>	13b. MOTHER'S MAIDEN NAME <b>MABEL WICKENS</b>	14. NAME OF HUSBAND OR WIFE _____
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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>489-22-8537</b>	17. INFORMANT'S SIGNATURE OR NAME <b>GEORGE A. STORMS</b>	ADDRESS <b>4969 WESTWOOD RD. KANSAS CITY, MO.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MALIGNANT HYPERTENSION + UREMIA</b>		DUE TO (b) <b>HYPERTENSION, HYPERTENSIVE HEART DISEASE</b>		<b>UNKNOWN</b>
DUE TO (d) <b>IMPAIRED RENAL FUNCTION</b>				<b>UNKNOWN</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>443X</b>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 building, etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 **Oct. 13, 1952**, to **Nov. 13, 1952**; that I last saw the deceased  alive on **Nov. 13, 1952**, and that death occurred at **2:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Mary C. Gartner, M.D.</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>KANSAS CITY, MO 215 WIRTHMAN BUILDING</b>	23c. DATE SIGNED <b>11-14-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	24b. DATE <b>NOV. 15 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>D.W. NEWCOMER'S SONS</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>11-15-52</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer's Sons</b>	ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2281999

**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 John B. Lewis

Licensed Embalmer No. 4875

P. O. Address K.C. 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.