

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22412

State File No. 3161

FILED AUG 11 1955

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) **Kansas City**
c. LENGTH OF STAY (in this place) **48 Years**

c. CITY OR TOWN **Kansas City**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **1016 West 41st. Street**

STREET ADDRESS (If rural, give location) **1016 West 41st. Street 3708**

3. NAME OF DECEASED (Type or Print)
a. (First) **HENRY** b. (Middle) **WILLIAM** c. (Last) **STORRS**

4. DATE OF DEATH (Month) (Day) (Year) **July 22, 1955**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH **Aug. 10, 1906**

9. AGE (In years last birthday) **48**
IF UNDER 1 YEAR: Months Days IF UNDER 12 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Parker-Mc Crory Mfg. Co. Elec.**

10b. KIND OF BUSINESS OR INDUSTRY **Elec.**

11. BIRTHPLACE (City and State or Foreign Country) **Kansas City, Missouri**

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

13a. FATHER'S NAME **George D. Storrs**

13b. MOTHER'S MAIDEN NAME **Katherine Burke**

14. NAME OF HUSBAND OR WIFE **none**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **Yes**

16. SOCIAL SECURITY NO. **486-10-1449**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **George B. Storrs Kansas City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Thrombosis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Angina Pectoris**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4 hours
3 weeks
4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)
Kansas City Jackson, Mo

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 **July 14, 1955**, to **July 22, 1955**, that I last saw the deceased alive on **July 22, 1955**, and that death occurred at **11:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Joseph Getelson** (Degree or title) **M.D.**

23b. ADDRESS **1220 Rialto Bldg**

23c. DATE SIGNED **7-23-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **7-26-55**

24c. NAME OF CEMETERY OR CREMATORY **Green Lawn**

24d. LOCATION (City, town, or county) (State) **Kansas City, Mo.**

DATE REC'D BY LOCAL REG. **7-25-55** REGISTRAR'S SIGNATURE **Neva Marshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Freeman Mortuary K. C. Mo.**

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

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.....
Signature of Student Embalmer

Signed *Walter H. Erwin*.....

Licensed Embalmer No. *43*.....

P. O. Address *Kansas*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.