

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **30032**

FILED SEP 19 1955

BIRTH NO.		REG. DIST. NO. <b>166</b>	PRIMARY REG. DIST. NO. <b>5603</b>	Registrar's No. <b>11</b>
1. PLACE OF DEATH a. COUNTY <b>JOHNSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JOHNSON</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>RURAL</b>	c. LENGTH OF STAY (in this place) <b>PROVER 42 YRS</b>	c. CITY OR TOWN <b>RURAL</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>12 MI SOUTH EAST CONCORDIA, MO</b>		e. STREET ADDRESS (If rural, give location) <b>12 MI SOUTH EAST OF CONCORDIA, MO</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>H.</b> c. (Last) <b>STORCK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 18 1955</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT 21, 1888</b>	9. AGE (In years last birthday) <b>66</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME WORK</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>CONCORDIA, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>
13a. FATHER'S NAME <b>HERMAN DITTMER</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA DROEGE</b>	14. NAME OF HUSBAND OR WIFE <b>CHARLES STORCK</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>CHARLES STORCK</b> ADDRESS <b>KNOWBEST, MO</b>	
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) <b>UREMIA</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROSIS</b> DUE TO (c) <b>HYPERTENSION</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <b>447X</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>November, 1954</b> , to <b>August, 1955</b> , that I last saw the deceased alive on <b>Aug 18, 1955</b> , and that death occurred at <b>3:45 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>M. L. Knobel, D.O.</b> (Degree or title)		23b. ADDRESS <b>Knobel &amp; Sons, Inc</b>		23c. DATE SIGNED <b>8-19-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Aug 20, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Holy Cross Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>EMMA, MO</b>	
DATE REC'D BY LOCAL REG. <b>8/19/55</b>	REGISTRAR'S SIGNATURE <b>Emma L. Beatty</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. S. James</b> ADDRESS <b>Concordia, MO</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 22 1955

JOHNSON COUNTY HEALTH

*Imm*  
*Bentley*

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..

Student.....  
Signature of Student Embalmer

Signed *E. S. James*.....  
Licensed Embalmer No. *205*.....  
P. O. Address *Comedia*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.