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FILED OCT 31 1955

STANDARD CERTIFICATE OF DEATH

State File No. **33720**

BIRTH NO. _____ REG. DIST. NO. **154** PRIMARY REG. DIST. NO. **5275** Registrar's No. **44**

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 OR TOWN Grandview)	c. LENGTH OF STAY (in this place) (township) 10 days	c. CITY OR TOWN Lee's Summit	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Grandview Restorium		STREET ADDRESS (If rural, give location) 407 South Douglas	

3. NAME OF DECEASED (Type or Print) a. (First) Asa b. (Middle) ----- c. (Last) Storms			4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 22, 1862	9. AGE (in years last birthday) 93	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Cass County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John Storms		13b. MOTHER'S MAIDEN NAME Sloan		14. NAME OF HUSBAND OR WIFE Lula Storms (Deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold Storms, Lee's Summit, 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		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular - Renal Disease DUE TO (c) Generalized Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442X			

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)	
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?	

22. I hereby certify that I attended the deceased from **Oct 11, 1955** to **Oct 21, 1955**, that I last saw the deceased alive on **Oct 21, 1955**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William A. Kells M.D.	23b. ADDRESS Grandview Mo.	23c. DATE SIGNED 10/21/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 23, 1955	24c. NAME OF CEMETERY OR CREMATORY Sloan Cemetery	24d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo.
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DATE REC'D BY LOCAL REG. 10/22/55	REGISTRAR'S SIGNATURE Leslie G. Goddard	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Langsford Funeral Home, Lee's Summit, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

84

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 *N. B. Langford Jr*.....

Licensed Embalmer No. *496*

P. O. Address *Leis Lu*

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.