

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022280
STATE FILE NUMBER

40507
FILED JUL 1 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 304

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in 1b 10 HRS	d. STREET ADDRESS (If outside, give location) 0495 1520 KENTUCKY AVE
3. NAME OF DECEASED (Type or print) First Middle Last TERRI LYNN STORM		4. DATE OF DEATH Month Day Year JUNE 15, 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> INFANT	8. DATE OF BIRTH JUNE 15, 1958
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months Days Hours Min. 0 0 0 0	IF UNDER 24 HRS. 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY INFANT	11. BIRTHPLACE (City and state or country) JOPLIN, MO.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME LARRY E. STORM	
13b. MOTHER'S MAIDEN NAME CAROLYN CROWDER		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give branch and service) INFANT		16. SOCIAL SECURITY NO. -----	17. INFORMANT Address LARRY E. STORM, 1520 KENTUCKY AVENUE
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral pulmonary atelectasis			INTERVAL BETWEEN ONSET AND DEATH 8 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) prematurity			7625
DUE TO (c) prematurity			8 hr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 6-15-58 to 6-15-58 and last saw her alive on 6-15-58 at 6:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. Patterson, M.D.		22b. ADDRESS 918 Wall Joplin Mo	
22c. DATE SIGNED 6-23-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-16-58	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,
23d. LOCATION (City, town, or county) JOPLIN, MISSOURI			
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 6-24-58	26. REGISTRAR'S SIGNATURE Dore Merriam

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

County File Number 58-6-512
Date Filed JUN 30 1958

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 F. M. Jones

Licensed Embalmer No. 2319

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