

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029389
STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 364

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits TOWN Blue Twp Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Independence R #4 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East 39th Street		d. STREET ADDRESS (If outside, give location) East 39th Street	
Length of stay in 1b 5ys		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Aubry Junior Story			4. DATE OF DEATH Month Day Year Aug 29 1958		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 4 1914	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Transport	11. BIRTHPLACE (City and state or country) Independence Mo	12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NAME Aubry O Story			14. MOTHER'S MAIDEN NAME Rella Foulks		
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. 573-05-4267	17. INFORMANT A.O. Story Address Oak grove Mo		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sun at sundown		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		976 X
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 type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) off himself shot himself		
20c. TIME OF INJURY 4:30 p. m. 8-29-58			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Independence		20g. COUNTY STATE Jackson Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Su O. Wolfe Jr. M.D. Coroner			22b. ADDRESS 6627 Westport St. Mo		22c. DATE SIGNED 8-30-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 1 1958	23c. NAME OF CEMETERY OR CREMATORY Blue Springs	23d. LOCATION (City, town, or county) (State) Blue Springs Mo
24. FUNERAL DIRECTOR Webb Funeral Home	ADDRESS Blue Springs Mo	25. DATE RECD. BY LOCAL REG. 9-1-58	26. REGISTRAR'S SIGNATURE James L. ...

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service
300 1-56
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

SEP 12 1958

NOV 12 1958

OCT 20 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 *William F. ...*

Licensed Embalmer No. 47

P. O. Address *Blue Springs*

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.