

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21644**

FILED JUL 19 1955

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **5337** Registrar's No. **55-53**

| | | | |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Dade | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural | | c. CITY OR TOWN Everton | |
| c. LENGTH OF STAY (in this place) not | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/8 Mi S. W. of Everton | | e. STREET ADDRESS (If rural, give location) 2 1/2 Mi S. W. of Everton | |
| 3. NAME OF DECEASED a. (First) MARY b. (Middle) BELLE c. (Last) STOCKTON | | 4. DATE OF DEATH July 7, 1955 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept 28, 1885 |
| 9. AGE (In years last birthday) 69 | | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and State or Foreign Country) Everton, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME William Henry Wisehart | |
| 13b. MOTHER'S MAIDEN NAME Eva Burkett | | 14. NAME OF HUSBAND OR WIFE Walter Stockton | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Alfred Wisehart | | ADDRESS Everton, Mo. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Strangulation hanging | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | DUE TO (b) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 974X | | DUE TO (c) | |
| 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) suicide | | 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) (Min) | | 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 after death , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00a.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) W.H. Allisar Coroner | | 23b. ADDRESS Sumfield Mo | |
| 23c. DATE SIGNED 7-13-55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-10-55 | |
| 24c. NAME OF CEMETERY OR CREMATORY Ray Spring Cemetery | | 24d. LOCATION (City, town, or county) (State) Everton, Mo. | |
| DATE REC'D BY LOCAL REG. 7-13-55 | | REGISTRAR'S SIGNATURE J. C. Canale | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Erin - Daniel - Ash Grove - Mo | | ADDRESS | |

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.....
Licensed Embalmer No.....
P. O. Address.....

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.