

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

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21645

State File No.

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5337 Registrar's No. 55-54

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 town or town Rural Palmer) c. LENGTH OF STAY (in this place) 1 AMP

c. CITY OR TOWN Everton d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 1/2 Mi S. W. of Everton

f. STREET ADDRESS (If rural, give location) 2 1/2 Mi S. W. of Everton 0290

3. NAME OF DECEASED
a. (First) WALTER b. (Middle) ALLEN c. (Last) STOCKTON 4. DATE OF DEATH (Month) July (Day) 7 (Year) 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH May 13, 1877 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Dade County, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John R. Stockton 13b. MOTHER'S MAIDEN NAME Ailie Studdard 14. NAME OF HUSBAND OR WIFE Belle Stockton

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 Alfred Wisheart ADDRESS Everton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 976X
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from after death, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE W.R. Allison Coroner (Degree or title) 23b. ADDRESS Svenfield Mo 23c. DATE SIGNED 7-13-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-10-55 24c. NAME OF CEMETERY OR CREMATORY Rav Spring Cemetery 24d. LOCATION (City, town, or county) (State) Everton, Mo.

DATE REC'D BY LOCAL REG. 7-13-55 REGISTRAR'S SIGNATURE D.C. Canada 478 25. FEDERAL DIRECTOR'S SIGNATURE Bruce - Daniel - Bob - No. ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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.