

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DAVIS 17443
State File No. _____

FILED JUN 14 1955

BIRTH NO. _____		REG. DIST. NO. <u>336</u>		PRIMARY REG. DIST. NO. <u>6131</u>		Registrar's No. <u>370</u>	
1. PLACE OF DEATH a. COUNTY <u>SHANNON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>SHANNON</u>			
b. CITY OR TOWN <u>MONTIER</u>		c. LENGTH OF STAY (in this place) <u>67 yrs</u>		c. CITY OR TOWN <u>MONTIER</u>		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 _____				e. STREET ADDRESS (If rural, give location) <u>1010</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) <u>Edward</u> c. (Last) <u>Storoy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 7-1955</u>				
5. SEX <u>M^o</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>JAN. 4-1888</u>	
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>3</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM & SAW MILL</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>MONTIER, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>JOHN STORoy</u>			13b. MOTHER'S MAIDEN NAME <u>FRANCIS McClellan</u>		14. NAME OF HUSBAND OR WIFE <u>BESSIE STORoy</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Storoy Montier, Mo.</u> ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES <u>High Blood Pressure</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>334X</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH _____
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 <u>1953</u> , to <u>March 7, 1955</u> , that I last saw the deceased alive on <u>2/25</u> , 1955, and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. J. Davis M.D.</u> (Degree or title)				23b. ADDRESS <u>Birch Tree Mo</u>		23c. DATE SIGNED <u>6/10-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>		24b. DATE <u>3-9-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MONTIER</u>		24d. LOCATION (City, town, or county) (State) <u>MONTIER, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/13/55</u>		REGISTRAR'S SIGNATURE <u>Mabel R...</u> <u>447</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DUNCAN'S Mt. View, Mo.</u> 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 *Jeel P. Duncan*.....

Licensed Embalmer No. *432*

P. O. Address *St. Louis*

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.