

FILED AUG 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25739**BIRTH NO. _____ REG. DIST. NO. **105** PRIMARY REG. DIST. NO. **4177** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarkton	c. LENGTH OF STAY (in this place) 2 Yrs.	c. CITY OR TOWN Clarkton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION None (home)		f. STREET ADDRESS (If rural, give location) 0355	

3. NAME OF DECEASED (Type or Print) Walter Anderson		a. (First)	b. (Middle)	c. (Last) Gilkey	4. DATE OF DEATH (Month) (Day) (Year) 7 14 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 4-7-1910	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 3 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Paris, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Mike Gilkey		13b. MOTHER'S MAIDEN NAME Sophia Burruss		14. NAME OF HUSBAND OR WIFE None		
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. 526-12-0901		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lela Cowell Clarkton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion Same		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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 4201	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?
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22. I hereby certify that I attended the deceased from **July 1, 1955** to **Aug 1, 1955**, that I last saw the deceased alive on **July 1, 1955** and that death occurred at **8:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Les Hopp Ruis MD	(Degree or title)	23b. ADDRESS Clarkton, Mo	23c. DATE SIGNED 7/21/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-15-1955	24c. NAME OF CEMETERY OR CREMATORY Stanfield	24d. LOCATION (City, town, or county) (State) Near Clarkton, Mo.

DATE REC'D BY LOCAL REG. 8-2-55	REGISTRAR'S SIGNATURE Marguerite George	440	25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Russell Pippitt, Ark	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

350

RECEIVED DUNKLIN COUN

DÉPARTMENT 8

COUNTY FILE NUMBER 8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, ~~or by~~, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Gloyd Russell*
Licensed Embalmer No. *2509*

P. O. Address *Piggott*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.