

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3507

State File No. ....

FILED FEB 3 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 332 PRIMARY REG. DIST. NO. 3074 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Sikeston</u>		c. CITY OR TOWN <u>Morehouse</u>	
c. LENGTH OF STAY (in this place) <u>19 Days</u>		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 <u>Mo. Delta Community Hospital</u>			
STREET ADDRESS (If rural, give location) <u>—</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Walter</u>	b. (Middle) <u>Sumpter</u>	c. (Last) <u>Storey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 21 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>11-6-1884</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Tom Storey</u>	13b. MOTHER'S MAIDEN NAME <u>Dollie Baker</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Billie Storey Taylor, Morehouse, Mo.</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>		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) <u>Dem. arteriosclerosis</u>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 1/2, 1956, to 1/21, 1956, that I last saw the deceased alive on 1/21, 1956, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. C. Critchlow M.D.</u>	23b. ADDRESS <u>Sikeston, Missouri</u>	23c. DATE SIGNED <u>1-22-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-24-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mountain View Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mountain View, Ark.</u>
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DATE REC'D BY LOCAL REG. <u>1-25-56</u>	REGISTRAR'S SIGNATURE <u>Max Allen Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins &amp; Sons</u>	ADDRESS <u>Dexter, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED JAN 30 1958  
SCOTT CO. HEALTH DEPT.  
CO. FILE No. 1526-30

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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 Marsh Watkins

Licensed Embalmer No. 471

P. O. Address Depta

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.