

No. 300
10.48

FILED FEB 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5525

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 2043 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Halls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saverton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Elizabeth Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>E.</u> c. (Last) <u>Dalton</u>			4. DATE OF DEATH (Month) <u>2</u> (Day) <u>5</u> (Year) <u>1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>December 28, 1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Jonesburg Missouri</u>
13a. FATHER'S NAME <u>Silas W. Carr</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Cozner</u>	14. NAME OF HUSBAND OR WIFE <u>Richard Dalton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward Dalton Hannibal Missouri</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Melanoma - about</u> ANTECEDENT CAUSES <u>Pigmented Mole removed at high</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to (b)</u> DUE TO (c) <u>Dehydration & Starvation 140X</u> II. OTHER SIGNIFICANT CONDITIONS <u>2 weeks</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>1947</u>	19b. MAJOR FINDINGS OF OPERATION <u>Metastatic Melanoma</u>		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>Feb. 17, 1949</u> to <u>Feb 5, 1949</u> , that I last saw the deceased alive on <u>Feb 4, 1949</u> , and that death occurred at <u>12:13 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. E. Sultzman M.D. Pa.C.S.</u>		23b. ADDRESS <u>Hannibal Missouri</u>	23c. DATE SIGNED <u>2/5/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/7/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barkley Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>New London Missouri</u>
DATE REC'D BY LOCAL REG. <u>2-7-49</u>	REGISTRAR'S SIGNATURE <u>W. E. M. Lucke Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hannibal Missouri</u>	

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

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(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.

Signed *H. Crawford Smith* _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3814 _____

P. O. Address Hannibal Missouri _____

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 this body is not embalmed, fact should be so stated above.