

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7898**

FILED MAR 26 1952

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5392 Registrar's No. 21

330
1

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Dent | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Dent | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Watkins | | c. LENGTH OF STAY (in this place) years | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION XX | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Near Maples Mo | |
| | | d. STREET ADDRESS (If rural, give location) X | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Daniel | | b. (Middle) E | |
| | | c. (Last) Dalton | |
| | | 4. DATE OF DEATH (Month) (Day) (Year) March 18/52 | |
| 5. SEX male | | 6. COLOR OR RACE white | |
| | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | |
| | | 8. DATE OF BIRTH Nov 20 1884 | |
| | | 9. AGE (In years last birthday) 67 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 10b. KIND OF BUSINESS OR INDUSTRY X | |
| | | 11. BIRTHPLACE (State or foreign country) Sylvatus Va. | |
| | | 12. CITIZEN OF WHAT COUNTRY? / | |
| 13a. FATHER'S NAME John Dalton | | 13b. MOTHER'S MAIDEN NAME Penelope Krecwsonberry | |
| | | 14. NAME OF HUSBAND OR WIFE Mae Dalton | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, state war or dates of service) No | | 16. SOCIAL SECURITY NO. X | |
| | | 17. INFORMANT'S SIGNATURE OR NAME Mae Dalton | |
| | | ADDRESS Maples Mo | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease | |
| | | INTERVAL BETWEEN ONSET AND DEATH 6 mon | |
| | | 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 4200 | |
| 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) (Min) | | 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 8-9 51 , 19____, to 2-15-52 , 19____, that I last saw the deceased alive on 2-15-52 , and that death occurred at 11:30 a.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE M. Hart | | 23b. ADDRESS Salem, Mo. | |
| | | 23c. DATE SIGNED 3-21-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 3/20/52 | |
| 24c. NAME OF CEMETERY OR CREMATORY Mt Herman Cem | | 24d. LOCATION (City, town, or county) (State) Mt. Herman Dent Co MO | |
| DATE REC'D BY LOCAL REG. 3-21-52 | | REGISTRAR'S SIGNATURE M. M. Hart, Jr. | |
| | | FUNERAL DIRECTOR'S SIGNATURE Charles J. Jones | |
| | | ADDRESS Salem Mo | |

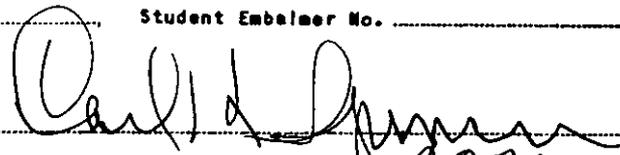
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed  _____

Licensed Embalmer No. 2320

P. O. Address Salem Mo

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.