

FILED JUN 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22498**

Registrar's No. **71**

BIRTH NO. _____		REG. DIST. NO. 326		PRIMARY REG. DIST. NO. 4482		Registrar's No. 71	
1. PLACE OF DEATH a. COUNTY Scotland				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scotland			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Memphis		c. LENGTH OF STAY (in this place) all his life		c. CITY OR TOWN Memphis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 0940			
3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) J. c. (Last) Dalton			4. DATE OF DEATH (Month) (Day) (Year) June 18, 1956				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 3, 1895	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Knox County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Dalton			13b. MOTHER'S MAIDEN NAME Olive Dalton		14. NAME OF HUSBAND OR WIFE Jennie Dalton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 486-42-1909		17. INFORMANT'S SIGNATURE OR NAME Jennie Dalton		ADDRESS Memphis, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 2 hrs
				ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 4201		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) m.		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 June 18, 1956 , to June 18, 1956 that I last saw the deceased alive on June 18, 1956 and that death occurred at 4:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE L. E. Lowe			(Degree or title) Dr		23b. ADDRESS Memphis MO		
23c. DATE SIGNED June 23		24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE June 21, 1956		24c. NAME OF CEMETERY OR CREMATORY Greensburg	
24d. LOCATION (City, town, or county) (State) Greensburg, Missouri		DATE REC'D BY LOCAL REG. 6/25/56		REGISTRAR'S SIGNATURE Verne S. Pierner		25. FUNERAL DIRECTOR'S SIGNATURE Gertrude Bassett	
				ADDRESS Memphis Mo			

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

4760

EMBL

9 1930

JUN 27 1930

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 *Albert C Gertch*.....

Licensed Embalmer No. *4257*

P. O. Address *Memphis*

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.