Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-019600
STATE FILE NUMBER

FILED MAY 16 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4974

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY ------ | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY -- |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes [X] No [ ] | c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ] |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G Phillips — Length of stay in 1b: 4 yrs. | d. STREET ADDRESS (If outside, give location) 727 Walton, Ave. — Reside on Farm Yes [ ] No [X] |

27 2/29

| 3. NAME OF DECEASED (Type or print) First | Middle | Last | 4. DATE OF DEATH Month | Day | Year |
|---|---|---|---|---|---|
| Clinton | | Dalton | May | 7 | 1958 |

| 5. SEX | 6. COLOR OR RACE | 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | Colored | | Sept. 16, 1895 | 62 | 7 | 21 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Clerk | U S Post Office | Carutherville, Missouri | U S A |

| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
|---|---|---|
| Stephen Dalton | Mary P. Hannett | — |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | Address |
|---|---|---|---|---|
| Yes | W W # 1 | 323-05-9873 | Inmo Dalton | 727 Walton Ave. |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Cardiac Insufficiency | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Cor Pulmonale | of Mos. |
| DUE TO (c) | Pul. Emphysema. | unknown |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

527.1

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

| 20a. ACCIDENT | SUICIDE | HOMICIDE | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
|---|---|---|---|
| [ ] | [ ] | [ ] | |

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/11/58, to 5/7/58 and last saw her/him alive on 4/29/58

Death occurred at 1:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

| 22a. SIGNATURE (Degree or title) | 22b. ADDRESS | 22c. DATE SIGNED |
|---|---|---|
| Sydney A. Fraser | 4242 E. Easton. | 5/8/58 |

| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Removal | 5-12-1958 | National Cemetery | Jefferson Barracks | Mo. |

| 24. FUNERAL DIRECTOR | ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
|---|---|---|---|
| J.H. Randle & Son | 3133 Bell Ave. | MAY 10 '58 | J Earl Smith, M.D. |

(Licensed Embalmer's Statement on Reverse Side)

S.E.

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 Esther K. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Wash

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.