THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010638
STATE FILE NUMBER

FILED APR 15 1959

Registration District No. 316 Primary Registration District No. — Registrar's No. 131

1. PLACE OF DEATH
a. COUNTY ST. FRANCOIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FARMINGTON-RURAL ST. FRANCOIS TWP. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION MINERAL AREA HOSP. Length of stay in Hospital 3 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY MADISON
c. CITY OR TOWN FREDERICKTOWN 0621 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 119 N. MINE LA MOTTE (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WILLIAM Middle THOMAS Last DALTON
4. DATE OF DEATH Month APRIL Day 8 Year 1959
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARITAL STATUS NEVER MARRIED ☐ MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH OCT. 19, 1898
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 country) MINE LAMOTTE, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME WILLIAM THOMAS DALTON
14. MOTHER'S MAIDEN NAME EMMA SKAGGS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 493-36-6036
17. INFORMANT BLANCHE BURNHAM Address FREDERICKTOWN, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 18 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac Decompensation — 24 hrs.
DUE TO (c) Arteriosclerotic Heart Disease — 2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 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 4-1-59, to 4-8-59 and last saw ~~her~~ him alive on 4-8-59
Death occurred at 1:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) 2
22b. ADDRESS Fredericktown, Mo.
22c. DATE SIGNED 4-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE APRIL 11, 1959
23c. NAME OF CEMETERY OR CREMATORY METHODIST CEMETERY
23d. LOCATION (City, town, or county) (State) MADISON COUNTY, MO.

24. FUNERAL DIRECTOR [signature] ADDRESS FREDERICKTOWN, MO.
25. DATE RECD. BY LOCAL REG. Apr. 9 1959
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond B. Wilson

Licensed Embalmer No. 4.8

P. O. Address Fredeni

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.