

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-035835

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 419

FILED OCT 2 1962

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Rev. 4/59

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DATE AMENDED

2-20-64
2-20-64

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

John H. Dalton
John H. Dalton, Desloge, Mo.
John H. Dalton, Desloge, Mo.
John H. Dalton

DOCUMENT

BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) Bonne Terre		Length of stay in 1b 8 - days	c. CITY OR TOWN Desloge
c. FULL NAME OF (If NOT in hospital, give location) Bonne Terre Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 309 S Grant
3. NAME OF DECEASED (Type or print) First Blanche Middle - - Last Denton		4. DATE OF DEATH Month September Day 26 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 23, 1897 - 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Doe Run, Missouri
13a. FATHER'S NAME Thomas Dees		13b. MOTHER'S MAIDEN NAME Jane Smith	14. NAME OF HUSBAND John H. Dalton-Denton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Denton Address John H. Dalton, Desloge, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction right cerebrum			INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (b) Thrombosis right internal carotid artery			3 days
DUE TO (c) Arteriosclerosis			unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Peritoneal reaction due to operation 5 days before death			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Farmington, Missouri
21. I attended the deceased from Sept 14, 1962 to Sept. 26, 1962 and last saw ^{her} alive on Sept. 26, 1962		Death occurred at 11:20P on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS Farmington, Missouri	22c. DATE SIGNED 9/28/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/29/1962	23c. NAME OF CEMETERY OR CREMATORY St. Francois Mem. Pk	23d. LOCATION (City, town, or county) (State) St. Francois Co. Mo.
24. FUNERAL DIRECTOR C.Z. Boyer & Son, Inc. Desloge, Mo		25. DATE RECD. BY LOCAL REG. Sept. 28, 1962	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE BLACK INK OR TYPEWRITER RIBBON

1-20-64

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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

[Faint, illegible markings at the bottom of the page]