

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027522

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 333

FILED JUL 22 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10168

20160

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>	Length of stay in 1b <b>2 weeks</b>	c. CITY OR TOWN <b>Advance,</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Southeast Mo. Hosp.</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Route 1</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>T.</b> Last <b>Dalton</b>			4. DATE OF DEATH Month <b>July</b> Day <b>11,</b> Year <b>1963</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-10-80</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>1</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and state or country) <b>Saline Co., Ill.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John W. Dalton</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Plumb</b>		14. NAME OF HUSBAND OR WIFE <b>Sudie Gunn</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of) <b>no none</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Leonard Dalton, Advance, Mo.</b> Address # <b>1</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Coronary Occlusion** INTERVAL BETWEEN ONSET AND DEATH **few minutes**

DUE TO (b) **Arterio Sclerotic Heart Disease** **Many years**

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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

**Fracture of Hip, Nailing of Hip**

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>pt fell in yard while feeding dogs.</b>	
20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Advance, Mo.</b>	COUNTY <b>Cape Girardeau</b>	STATE <b>Missouri</b>
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21. I attended the deceased from **6/30/63** to **7/11/63** and last saw him alive on **7/11/63**  
\*Death occurred at **12:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>C.P. McGinty, M.D.</b>	22b. ADDRESS <b>1912 Broadway Cape Girardeau, Mo.</b>	22c. DATE SIGNED <b>7/16/63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>7-13-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Morgan Mem. Park</b>	23d. LOCATION (City, town, or county) (State) <b>Advance, Mo.</b>
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24. FUNERAL DIRECTOR <b>Wm. H. Morgan, Advance, Mo.</b>	ADDRESS <b>Advance, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>7-17-</b>	26. REGISTRAR'S SIGNATURE <b>Gene Kasten</b>
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USE BLACK INK OR TYPEWRITER RIBBON

JUL 26 1963

**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

*W<sup>m</sup>. H. Morgan*

Licensed Embalmer No.

*4640*

P. O. Address

*Advance, 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.