

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 12 1949

State File No. 27954
7627

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

560
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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 My personal file is in your file

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jasper | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) H.R. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital | | | |
| 3. NAME OF DECEASED (Type or Print) | a. (First) William | b. (Middle) R. | c. (Last) Dalton |
| 4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1949 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married | 8. DATE OF BIRTH Jan. 26, 1884 |
| 9. AGE (In years last birthday) 65 | | IF UNDER 1 YEAR Months | IF UNDER 11 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister | 10b. KIND OF BUSINESS OR INDUSTRY Ministry | 11. BIRTHPLACE (State or foreign country) Junction City, Kansas | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME William H. Dalton | 13b. MOTHER'S MAIDEN NAME Amanda Magnuson | 14. NAME OF HUSBAND OR WIFE Emma Dalton | |
| 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. None | 17. INFORMANT'S SIGNATURE OR NAME Dr. A.R. Dalton ADDRESS 3029 Longfellow Blvd. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 21 Aug - 2 Sept 1949 | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS | |
| ANTECEDENT CAUSES | | DUE TO (b) Hypertension | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION none | 20. AUTOPSY? 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) 10 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? B3IX | |
| 22. I hereby certify that I attended the deceased from 21 Aug, 1949 , to 2 Sept, 1949 , that I last saw the deceased alive on 2 Sept, 1949 , and that death occurred at 5:50 Am. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Arthur R. Dalton M.D. | | 23b. ADDRESS 14500 Olive St | 23c. DATE SIGNED 2 Sept 1949 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 9-2-49 | 24c. NAME OF CEMETERY OR CREMATORY Odd Fellows | 24d. LOCATION (City, town, or county) (State) Mt. Vernon, Mo. |
| DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE SEP 2 1949 J.B. Lucite | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd. | | |

NOV 1 1949

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Elton P. Remelino

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.