

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37699

State File No. ....

No. 300  
10-48

FILED DEC 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 186 PRIMARY REG. DIST. NO. 3026 Registrar's No. 434

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (In this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1420 Brookside</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 1420 Brookside</u>		e. STREET ADDRESS <u>1420 Brookside</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Paul c. (Last) Dalton 4. DATE OF DEATH (Month) (Day) (Year) Nov. 15, 1951

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Apr. 29, 1902 9. AGE (In years last birthday) 49 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 Sheffield Steel Corp. Fontania, Kansas. 11. BIRTHPLACE (State or foreign country) USA 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Dalton 13b. MOTHER'S MAIDEN NAME Harriet O'Daniel 14. NAME OF HUSBAND OR WIFE Mary E. 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. 514-16-8533 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary E. Dalton, Independence, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute coronary occlusion  
ANTECEDENT CAUSES Coronary sclerosis  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 4201 20. AUTOPSY? YES  NO

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) \_\_\_\_\_  
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Pathologist, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lorraine E. Schultz, M.D. 23b. ADDRESS Independence San. & Hospital 23c. DATE SIGNED 11-15-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Nov. 16, 1951 24c. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery 24d. LOCATION (City, town, or county) (State) Paola, Kansas

DATE REC'D BY LOCAL REG. Nov. 16-1951 REGISTRAR'S SIGNATURE James O'Daniel 354 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Benson Independence, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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. 437

working under my personal supervision.

Student Warren C. Kraft  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4199

P. O. Address Indep. 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.