

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**196**

State File No. ....

S. No. 300  
v. 10.48

**FILED JAN 19 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 8

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Boone</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> <u>0105</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1219 Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1219 Broadway</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>FREDERICK</u> b. (Middle) <u>ANDREW</u> c. (Last) <u>DALTON</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan. 9, 1953</u>		
<b>5. SEX</b> <u>Male</u> <u>0</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u> <u>2</u>	<b>8. DATE OF BIRTH</b> <u>Sept. 13, 1866</u>	<b>9. AGE</b> (In years last birthday) <u>86</u>	<b># UNDER 1 YEAR</b> Days <u>3</u> Hours <u>26</u> Mts.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Retail Coal Dealer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Dalton, Missouri.</u> <u>0</u>	
				<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>	

<b>13a. FATHER'S NAME</b> <u>William Dalton</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Amanda Agee</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ida Jane Poage</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Sam Dalton, Columbia, Missouri.</u>	

<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Arteriosclerosis</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <u>334X</u>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 yrs</u>
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia</u>			<u>Edema</u>
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from** 1-6-53, to 1-9-53, that I last saw the deceased alive on 1-9-53, and that death occurred at 8:50 P. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>R. P. Ladson, M.D.</u>		<b>23b. ADDRESS</b> <u>Columbia, Mo.</u>		<b>23c. DATE SIGNED</b> <u>1-10-53</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Jan. 11, 1953</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Memorial Park Cemetery</u>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <u>Columbia, Missouri.</u>	

<b>DATE REC'D BY LOCAL REG.</b> <u>Jan. 10 1953</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Mrs. R. E. Palmer</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Parsons Funeral Service, Columbia, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

105  
1

**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 .....  
Student Embalmer

Signed Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia Md

**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.