

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

10648

State File No.

FILED MAR 30 1953

BIRTH NO. REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 33

0672
 1

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

| | | | | | |
|---|--|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Mississippi</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u> | | c. LENGTH OF STAY (In this place) <u>20 Years</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u> | | <u>0672</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. 109 E. Marshall</u> | | | d. STREET ADDRESS (If rural, give location) <u>109 E. Marshall</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Otto</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Dalton</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28, 1953</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u> (Specify) | 8. DATE OF BIRTH <u>Nov. 15, 1884</u> | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ass't County Clerk</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>County Clerk</u> | | 11. BIRTHPLACE (State or foreign country) <u>Mississippi County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Thomas Jefferson Dalton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Josephine Chapman</u> | | 14. NAME OF HUSBAND OR WIFE <u>Willie Vaughn Dalton</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs O.T. Dalton Sr. Charleston, Mo.</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>9 da</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ac. Coronary Thrombosis</u> | | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. |
| 19a. DATE OF OPERATION <u>none</u> | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | | 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) | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | |
| 22. I hereby certify that I attended the deceased from <u>Feb 19, 1953</u> , to <u>Feb 28, 1953</u> , that I last saw the deceased alive on <u>Feb 28, 1953</u> , and that death occurred at <u>3:00P</u> m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>E. O. K. K. K. M.D.</u> | | | 23b. ADDRESS <u>Charleston Mo</u> | | 23c. DATE SIGNED <u>2-3-53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/2/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>3-24-53</u> | REGISTRAR'S SIGNATURE <u>John Dalton</u> | | 480-1 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>The Sunnilee Funeral Chapel, Charleston, Mo.</u> | |

MAR 26 1953

RECEIVED

Miss. Co. Health Dept
County File No. _____

Date Filed MAR 27 1953

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 Edward E. Hummel

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.