

No. 500  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35474

State File No. ....

FILED NOV 3 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5392 Registrar's No. 84

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

1. PLACE OF DEATH a. COUNTY <u>Dent</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Watkins Twnshp</u>		c. LENGTH OF STAY (in this place) <u>Touring</u>	c. CITY OR TOWN <u>Salem</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Springs Brdg Hwy 72</u>			e. STREET ADDRESS (If rural, give location) <u>200 S. Jackson St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>MILTON</u> c. (Last) <u>DALTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 28 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 29 1895</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Whlse Grocery</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Salem, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>E. L. Dalton</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Jane Bell</u>		14. NAME OF HUSBAND OR WIFE <u>Audrey Dalton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>492-16-7377</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Audrey Dalton Salem, Missouri</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Automobile out of Control</u>  DUE TO (c) <u>Hit North East Corner of Lake Springs Bridge, Hwy 72</u>			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>John Hall &amp; Blackwell, Crown</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>John Hall &amp; Blackwell, Crown</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Watkins Twnshp Dent 33 Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 28, 1953 9:15 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto hit bridge abuttment</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:15 PM</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Morton</u> (Degree or title)			23b. ADDRESS <u>Salem, Missouri</u>		23c. DATE SIGNED <u>10/30/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 31 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Salem Missouri</u>		
DATE REC'D BY LOCAL REG. <u>10-31-53</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart, Jr.</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blackwell-Weigl, Salem, Mo.</u>		

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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..... *Max E. Wafer*

Licensed Embalmer No. .... 417

P. O. Address..... *Salem, N.J.*

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.