

FILED OCT 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34509

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 280

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give OR Farmington Rural town or township) c. LENGTH OF STAY (in this place) St. Francois 2 das.		c. CITY OR TOWN Sikeston d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4		f. STREET ADDRESS (If rural, give location) Route 3	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) M. c. (Last) DALTON			4. DATE OF DEATH (Month) (Day) (Year) September 28, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 12, 1862		9. AGE (In years last birthday) 93		10. IF UNDER 1 YEAR Months 5 Days 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-retired		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) St. Francois County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Reuben Dalton		13b. MOTHER'S MAIDEN NAME Elizah Ward	
14. NAME OF HUSBAND OR WIFE Sarah Cook		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Hezzie Graham,		ADDRESS 414 W. Sixth St. Farmington, Missouri			

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of right femoral artery		DUPLICATE				abt. 1 wk.	
ANTECEDENT CAUSES		DUE TO (b) Generalized arteriosclerosis - - -				Unknown.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Senility.				454X	
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 Sept. 7, 1955 to Sept. 28, 1955, that I last saw the deceased alive on Sept. 28, 1955, and that death occurred at 12:55pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. A. Brennan M.D.		23b. ADDRESS State Hospital No. 4, Farmington, Mo.		23c. DATE SIGNED 9-28-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-30-55		24c. NAME OF CEMETERY OR CREMATORY K.P. Cemetery	
24d. LOCATION (City, town, or county) Farmington, Missouri		(State)			

DATE REC'D BY LOCAL REG. Sept. 28, 1955		REGISTRAR'S SIGNATURE Eather Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miller Funeral Home, Farmington, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Paul K. Royal* \_\_\_\_\_

Licensed Embalmer No. *4120*

P. O. Address *Farmington*

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.