

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5422

State File No.

FILED MAR 5 1956

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5395 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and in Mo.) a. STATE Mo b. COUNTY St. Louis Co.	
b. CITY (If outside corporate limits, write RURAL and give town) Kimmewick Rock		c. CITY OR TOWN Aftton	
c. LENGTH OF STAY (in this place) 2 yrs		d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Oaks Nursing Home	
e. STREET ADDRESS 9022 Kathleen		f. (If rural, give location) 4001	

3. NAME OF DECEASED (Type or Print) a. (First) Nell		b. (Middle)		c. (Last) Dalton		4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1956	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH June 16, 1871	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Edward Dalton		13b. MOTHER'S MAIDEN NAME Mary Goslin		14. NAME OF HUSBAND OR WIFE	
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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 Walter Ell		ADDRESS 9022 Kathleen	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		b. Arteriosclerotic heart disease		2 wks	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (c) 15 yrs	
II. OTHER SIGNIFICANT CONDITIONS		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 type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from June 1954 to Death, 1956, that I last saw the deceased alive on 16, 1956, and that death occurred at 10:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John B Kelleets MD		23b. ADDRESS 2627 Telegraph		23c. DATE SIGNED 2/21/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/23/56		24c. NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery		24d. LOCATION (City, town, or county) (State) St Louis County Mo.	
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DATE REC'D BY LOCAL REG. Feb 25, 1956		REGISTRAR'S SIGNATURE Ruth Josa		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons		ADDRESS 7027 Gravois	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 29 1956

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 *Donald E Benz*.....

Licensed Embalmer No. *4863*

P. O. Address *7027 Grand*

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.