

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 23 1956

BIRTH NO. _____ REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **6156** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE mo. b. COUNTY Stone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Reeds Spring James Entebbe		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural James 1040	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Reeds Springs mo.	

3. NAME OF DECEASED (First) Little (Type or Print)		b. (Middle) Berry		c. (Last) Dalton		4. DATE OF DEATH (Month) (Day) (Year) Jan 29 1956	
5. SEX m		6. COLOR OR RACE wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH May 12-1877	
9. AGE (In years last birthday) 78-5-17		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) mo.		12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME Thomas Dalton		13b. MOTHER'S MAIDEN NAME Elizabeth Philbert		14. NAME OF HUSBAND OR WIFE Never married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Dalton - Reeds Spring mo	

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) Acute Bronchiactesis.					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 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**, 19**55**, to **Jan. 29th**, 19**56**, that I last saw the deceased alive on **Jan. 29**, 19**56** and that death occurred at **10:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE W.P. Cottrell M.D.		23b. ADDRESS Reeds Spring, Mo.		23c. DATE SIGNED 2-3-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Feb. 1-1956		24c. NAME OF CEMETERY OR CREMATORY Nickerson Cemetery		24d. LOCATION (City, town, or county) (State) Reeds Springs mo.	
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DATE REC'D BY LOCAL REG. Feb. 7-56		REGISTRAR'S SIGNATURE Mr. J. E. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Everett G. Cheatham Salena Mo	
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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
Student Embalmer

Signed Everett G. Cheatham

Licensed Embalmer No. 3870

P. O. Address Malena Mo.

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.