

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

FILED JUN 14 1957

State File No. 18571
1003
Registrar's No. 4691

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 18571					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY _____			
b. CITY OR TOWN <u>St. Louis, Mo</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Infirmary</u>				e. STREET ADDRESS (If rural, give location) <u>2199 4038 Enright Ave</u>							
3. NAME OF DECEASED (Type or Print) <u>Myrtle Dalton</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1957</u>					
5. SEX <u>3</u> <u>Female</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Oct 28 1886</u>		9. AGE (In years last birthday) <u>70</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Huntingdon Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>Julius Dalton</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Bledsoe</u>			14. NAME OF HUSBAND OR WIFE <u>John Dalton deceased</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Hurt</u>		ADDRESS <u>5340 Cote Brillante Ave</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>METASTATIC CARCINOMA OF LIVER</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA OF COLON</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153x</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u> <u>8 months</u>			
19a. DATE OF OPERATION <u>JAN. 1957</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF COLON</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) _____		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>4-18</u> , 19 <u>57</u> , to <u>5-15</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5-15</u> , 19 <u>57</u> , and that death occurred at <u>2:30A</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>James M. Whitton, M.D.</u>				(Degree or title) _____				23b. ADDRESS <u>918A North Taylor Ave</u>		23c. DATE SIGNED <u>5-16-57</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) _____		24b. DATE <u>5-18-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) <u>St. Louis, Co Mo</u>		(State) _____			
DATE REC'D BY LOCAL REG. <u>MAY 17 57</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jas H. Randle & Son</u>		ADDRESS <u>3133 Bell Avenue</u>					

(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 *Evelyn K. Harris*

Licensed Embalmer No. *445*

P. O. Address *4181 Wash*

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.