

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57022211
STATE FILE NUMBER

FILED JUL 2 - 1957

Registration District No. 297 Primary Registration District No. 305 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <i>Ray</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Ray</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Richmond</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Richmond</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>427 West Main</i>		Length of stay in 1b <i>40 years</i>	d. STREET ADDRESS (If outside, give location) <i>427 West Main</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>JAMES</i>			4. DATE OF DEATH <i>JUNE 22, 1957</i>		
First <i>JAMES</i> Middle <i>ISON</i> Last <i>DALTON</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JUNE 7, 1869</i>	9. AGE (In years last birthday) <i>89</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>15</i> Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MACHINIST-ENGINEER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Coal Mining</i>		11. BIRTHPLACE (City and state or country) <i>CHARLESVILLE, MISSOURI</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Joseph Dalton</i>			14. MOTHER'S MAIDEN NAME <i>Sarah Thornton</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Mrs. Paul Williams, Paultonia, Mo.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gunshot wound of head - self - in flight.</i>					INTERVAL BETWEEN ONSET AND DEATH <i>Subson</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? <i>2</i> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>shot self in right temple with pistol</i>		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw ^{her} _{him} alive on _____ Death occurred at <i>unknown</i> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Elmer B. Cook, M.R. Coroner 3</i>			22b. ADDRESS <i>Richmond Mo.</i>		22c. DATE SIGNED <i>6/25/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>June 25, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunny Side</i>		23d. LOCATION (City, town, or county) (State) <i>Richmond Missouri</i>
24. FUNERAL DIRECTOR <i>South Line Funeral Home</i>		25. DATE RECD. BY LOCAL REG. <i>June 25 - 1957</i>		26. REGISTRAR'S SIGNATURE <i>Malcolm Jackson</i>	
(Licensed Embalmer's Statement on Reverse Side)					

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

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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.....
Licensed Embalmer No. 406

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.