FILED AUG 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25343
STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 5748 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY MADISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN near Fredericktown — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI — b. COUNTY Madison
c. CITY OR TOWN — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) near Fredericktown — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First EDWARD Middle ALMO Last DALTON
4. DATE OF DEATH Month Aug Day 2 Year 1957
5. SEX male
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 4 1879
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months 2 Days 28 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Silver Lake Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Enos Enos Dalton
14. MOTHER'S MAIDEN NAME Nancy Caroline Dalton
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 Jewell Address Ramsey Farmington rt2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis — 5 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4221
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 I had not been in attendance on the patient on
Death occurred at 7:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kenneth Wheeler DO
22b. ADDRESS Fredericktown, Mo
22c. DATE SIGNED 8-3-57

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Aug 4 1957
23c. NAME OF CEMETERY OR CREMATORY K of P
23d. LOCATION (City, town, or county) (State) Farmington Mo

24. FUNERAL DIRECTOR C Cozean Farmington Mo
25. DATE RECD. BY LOCAL REG. 8-3-1957
26. REGISTRAR'S SIGNATURE Florence Hicks

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
AUG 6 - 1957

FILE No. 857-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C H Cozean

Licensed Embalmer No. 4

P. O. Address Farmin

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.