

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028162

STATE FILE NUMBER

FILED AUG 19 1958

Registration District No.

32

Primary Registration District No.

5114

Registrar's No.

49

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNT Bollinger	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sturdivant		c. CITY OR TOWN Sturdivant 0090	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 60 yrs.		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Louis Middle Lee Last Dalton		4. DATE OF DEATH Month July Day 28 Year 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Nov. 27, 1880
9. AGE (In years last birthday) 77		10. FUNDING YEAR Months 77 Days 77 Hours 77 Min. 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Millersville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME David A. Dalton		13b. MOTHER'S MAIDEN NAME Nancy Welker	
14. NAME OF HUSBAND OR WIFE Emma 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. x x x x x x x x	
17. INFORMANT Lee Dalton Sturdivant, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Artery Disease DUE TO (c) Arteriosclerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Cholecystitis		INTERVAL BETWEEN ONSET AND DEATH One minute 5 yrs 5 years	
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 2:10 Month, Day, Year July 28, 1958 a.m. pm			
20d. INJURY OCCURRED WHILE AT ☐ 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 Advance, Mo.		COUNTY Bollinger STATE Missouri	
21. I attended the deceased from July 24, 1958 to July 28, 1958 and last saw her alive on July 15, 1958 Death occurred at 2:10 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. O. L. Sealbaugh M.D. (Degree or title)		22b. ADDRESS Cape Girardeau, Mo	
22c. DATE SIGNED 8-4-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7-30-58	
23c. NAME OF CEMETERY OR CREMATORY Morgan cemetery		23d. LOCATION (City, town, or county) (State) Advance, Mo.	
24. FUNERAL DIRECTOR Watkins & Sons		ADDRESS Dexter, Mo.	
25. DATE RECD. BY LOCAL REG. 8/16/58		26. REGISTRAR'S SIGNATURE Mrs. Buford Crader	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Marsh W. Johnson

Licensed Embalmer No. 4717

P. O. Address Depton 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.