

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010637  
STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 316 Primary Registration District No. Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Clinton</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Leadington Mo.</i>		0940 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>Highway 32 below Clinton, Mo.</i>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Mr. Walter</i> Middle <i>Jerald</i> Last <i>Dalton</i>			4. DATE OF DEATH Month <i>March</i> Day <i>27</i> Year <i>1959</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White-Cauc</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Mo June 22-1938</i>		9. AGE (In years last birthday) <i>20-9-6</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Store room clerk.</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Brown Shoe Store</i>	11. BIRTHPLACE (City and state or country) <i>Leadington Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Mr. Claud E. Dalton</i>			14. MOTHER'S MAIDEN NAME <i>Noemie Kearns.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>493-42-9100</i>	17. INFORMANT <i>Mr. Claud E. Dalton - Leadington 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>Skull Fracture</i>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Coroner Jury Verdict: Injuries received</i>					
DUE TO (c) <i>In accident due to excessive speed</i>					
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input 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>automobile leaving road and overturning</i>				
20c. TIME OF INJURY <i>9:30 a.m.</i>	Hour <i>3</i> Month <i>27</i> Day <i>1959</i>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway</i>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <i>Near Clinton</i>	COUNTY <i>St. Francois</i>	STATE <i>Mo.</i>		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the _____ date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Bert Miller</i>			(Degree or title) <i>Coroner 3</i>	22b. ADDRESS <i>Farmington, Mo</i>	22c. DATE SIGNED <i>3/30/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Mar. 30, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Hill View Memorial Park</i>	23d. LOCATION (City, town, or county) (State) <i>Route no. 3, Farmington Mo.</i>		
24. FUNERAL DIRECTOR <i>Abner W. Hood</i>		ADDRESS <i>State River, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>Mar. 30, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>	

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

1959 OCT 11

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.....  
*Alvin W. Wood*

Licensed Embalmer No. *278*  
*303 Crane St.*  
P. O. Address *Flat River*

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.