

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011677
STATE FILE NUMBER

MAR 19 1959 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 666

300
1-57

All diseases in Part I must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must use only standard nomenclature in Item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Glencoe
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph		Length of stay in lb 5 hrs.	d. STREET ADDRESS (If outside, give location) Catlin & Jefferson Aves.
3. NAME OF DECEASED (Type or print) First Middle Last Baby Boy Dalton			4. DATE OF DEATH Month Day Year 3/12/59
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/12/59
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		9b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 5
10a. FATHER'S NAME Glen Dalton		10b. MOTHER'S MAIDEN NAME Dixie Grenn	11. BIRTHPLACE (City and state or country) Kirkwood, Mo.
13a. 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. none	12. CITIZEN OF WHAT COUNTRY? USA
17. INFORMANT Glen Dalton, Glencoe, Mo.		14. NAME OF HUSBAND OR WIFE -----	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) atelectasis			INTERVAL BETWEEN ONSET AND DEATH 5 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity, 25 wks			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7625			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT <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 4:30 am MAR 12 to 9 am MAR 12 and last saw him alive on MAR 12, 1959 Death occurred at 9 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James E. Meyer MD		22b. ADDRESS BALLWIN MO.	22c. DATE SIGNED MAR 13 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-14-59	23c. NAME OF CEMETERY OR CREMATORY BETHEL CEM.	23d. LOCATION (City, town, or county) (State) POND MO.
24. FUNERAL DIRECTOR ADDRESS Schrader Funeral Home, Ballwin, Mo.		25. DATE RECD. BY LOCAL REG. 3-13-59	26. REGISTRAR'S SIGNATURE John C. Murphy, MD

APR 29 1968

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.

Not embalmed

Student Signature of Student Embalmer

Signed *Richard Popp*

Licensed Embalmer No. *4584*

P. O. Address *Dallwin*

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.