

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041951

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Registration District No. 1002 Primary Registration District No. 1 Registrar's No. 5814 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5734 Forest</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>MRS. MARGUERITE LORETTA DALTON</b>			4. DATE OF DEATH Month Day Year <b>Oct. 27, 1960</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-1-1915</b>	9. AGE (last birthday) <b>45</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Andrew L. Fox</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Jelsch</b>		14. NAME OF HUSBAND OR WIFE <b>Andrew Jos. Dalton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>495-01-3591</b>	17. INFORMANT Address <b>Andrew J. Dalton--5734 Forest</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumo-pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Obstruction Aortic aortitis in transverse aorta</b>	DUE TO (c) <b>Splenoid hemorrhage from ruptured splenic artery</b>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 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 <b>May 31, 1960</b> and last saw her alive on <b>Oct 27, 1960</b> Death occurred at <b>5:37 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Florence E. Mac Intire M.D.</b> (Degree or title)			22b. ADDRESS <b>4620 Peckham Hwy</b>		22c. DATE SIGNED <b>10/28/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-29-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Mt. Olive Cemetery</b>	23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>		(State)
24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar--1800 E. Linwood</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>10-28-60</b>	26. REGISTRAR'S SIGNATURE <b>H. L. Dwyer</b>	

DOCUMENT

BY AFFIDAVIT OF Funeral Home Florence E. Mac Intire M.D. MEDICAL CERTIFICATION

Dr. F. Maet  
4620 Nichol

L01-7288

1:30 - 5P

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert L. Lunde

Licensed Embalmer No. 5103  
P. O. Address F.C. Mo

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