

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021899

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 832 Primary Registration District No. _____ Registrar's No. 50

FILED JUL 5 1962

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY BOLLINGER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ill. | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LORANCE TOWNSHIP | | c. CITY OR TOWN RURAL Bethalto | |
| Length of stay in lb 1 Month | | d. STREET ADDRESS (If outside, give location) NEAR BETHALDO | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NEAR MARBLE HILL | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|--|------------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last HENRY DALTON | | | 4. DATE OF DEATH Month Day Year JUNE 28 1962 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH DEC. 2, 1884 | 9. AGE (last birthday) 77 | 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) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) NEBOW, ILL. | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME JAMES DALTON | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | |
| 14. NAME OF HUSBAND OR WIFE EDITH 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. NONE | |
| 17. INFORMANT OSCAR DALTON, EAST ST. LOUIS, ILL. | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion | | INTERVAL BETWEEN ONSET AND DEATH instant | |

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|---|--|--|--|
| 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 | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) | |
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|--|--|--|--|
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 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 _____ to _____ and last saw her/him alive **dead on arrival**
Death occurred at **6:15 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

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|--|-----------------------------------|--|--|
| 22a. SIGNATURE Gene Ward | (Degree or title) Coroner | 22b. ADDRESS Lutesville, Mo. | 22c. DATE SIGNED 6-29-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE JUNE 30, 1962 | 23c. NAME OF CEMETERY OR CREMATORY BETHALDO CEMETERY | 23d. LOCATION (City, town, or county) (State) BETHALDO, ILL. |

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|---|-----------------------------------|---|---|
| 24. FUNERAL DIRECTOR Baker Funeral Home | ADDRESS Lutesville, Mo. | 25. DATE RECD. BY LOCAL REG. June 29-62 | 26. REGISTRAR'S SIGNATURE Mrs Buford Croder |
|---|-----------------------------------|---|---|

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| DATE AMENDED | INSTEAD OF | DOCUMENT |
|----------------|------------|----------|
| 1 0090 | | |
| 2 8120 | | |
| 3 1 | | |
| 4 0 | | |
| 5 1 | | |
| 6 | | |
| 7 1 | | |
| 8 0 | | |
| 9 4201 | | |
| 10 | | |
| 11 | | |
| 12 91-3 | | |
| 13 1-0 | | |

BY AFFIDAVIT OF

JUL 18 1962

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 J E Graham

Licensed Embalmer No. 4010

P. O. Address Luttsville, 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.