

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021710

STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 831

300
-57

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MO. b. COUNTY HENRY (with permission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WINDSOR	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CALHOUN	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION WINDSOR	Length of stay in 1b 3 Days	d. STREET ADDRESS none	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) WILLIAM FRANCIS DALTON			4. DATE OF DEATH Month Day Year JUNE 17, 58.
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 12, 1885.
10a. USUAL OCCUPATION (Give kind of work done during 1 year or longer, even if retired) RAILROAD		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	9. AGE (In years, months, days) 73
11. BIRTHPLACE (City and state or country) MORGAN COUNTY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME THOMAS DALTON		13b. MOTHER'S MAIDEN NAME SARAH CARY	14. NAME OF HUSBAND OR WIFE MARY B, DALTON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 702 10 2380	
17. INFORMANT IRBEY LEE DALTON		Address CALHOUN MO.	
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 DUE TO (b) Coronary Artery Disease DUE TO (c) 4201 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 3 days 4-5 yrs.
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"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 6-19-55 to 6-19-58 and last saw ^{her} _{him} alive on 6-19-58 Death occurred at 7:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Claude M. Thurber, M.D.		22b. ADDRESS Windsor, Mo.	22c. DATE SIGNED 6-19-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 19, 58	23c. NAME OF CEMETERY OR CREMATORY CALHOUN	23d. LOCATION (City, town, or county) (State) CALHOUN MO.
24. FUNERAL DIRECTOR SICKMAN & DUNNING		ADDRESS CLINTON MO.	25. DATE RECD. BY LOCAL REG. 6-26-58
26. REGISTRAR'S SIGNATURE Mildred Bigum			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Robert L. Dunning*

Licensed Embalmer No. *4710*
P. O. Address *Clinton, N*

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.