

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1738
State File No.

FILED FEB 1 1949

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u> c. CITY OR TOWN <u>AURORA</u> d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>101 W CHURCH ST</u>	
b. CITY OR TOWN <u>AURORA</u> c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY OR TOWN <u>AURORA</u> d. STREET ADDRESS (If rural, give location) <u>101 W CHURCH ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SCOTT</u> b. (Middle) <u>B</u> c. (Last) <u>DAYTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 5 - 1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MAY 9 1872</u>		9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LAWYER</u>	
11. BIRTHPLACE (State or foreign country) <u>LAWRENCE</u>		12. CITIZEN OF WHAT COUNTRY? <u>UNITED STATES</u>		13. KIND OF BUSINESS OR INDUSTRY <u>ATTORNEY</u>	

13a. FATHER'S NAME <u>CYRUS DAYTON</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA BERRY</u>		14. NAME OF HUSBAND OR WIFE <u>ETHEL DAYTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ETHEL DAYTON</u> ADDRESS <u>AURORA MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDITIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 47-6		INTERVAL BETWEEN ONSET AND DEATH <u>2 YEARS</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>MYOCARDITIS AS ABOVE</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from DEC 1, 1948, to JAN 5, 1949, that I last saw the deceased alive on JAN 5, 1949, and that death occurred at 4 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.D. Huron</u> (Degree or title) <u>Dr</u>		23b. ADDRESS <u>AURORA MO</u>		23c. DATE SIGNED <u>1-6-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-7-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>AURORA MO</u>	

DATE REC'D BY LOCAL REG. <u>1-7-49</u>		REGISTRAR'S SIGNATURE <u>Dora Mcnatt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm D</u> ADDRESS <u>Aurora</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 6,
District File Number 149-71
Date Filed 1-27-49

STATEMENT BY LICENSED EMBALMER

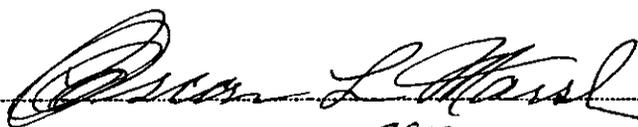
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

MYSELF

Student Embalmer No. _____

working under my personal supervision.

Signed _____



Signed _____
Student Embalmer

Licensed Embalmer No. 3812

P. O. Address AURORA 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 this body is not embalmed, fact should be so stated above.