

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7585

State File No. _____

FILED FEB 23 1954

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 6259 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fordland Rt. 2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fordland R.R. 2 1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 Miles S. of Fordland</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John W.</u> b. (Middle) <u>Richard</u> c. (Last) <u>Dalton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>MAY 4 - 1877</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Form - Ministry</u>		11. BIRTHPLACE (State or foreign country) <u>MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>SIMION DALTON</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Cora</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred E. Dalton Fordland 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage.</u>			
		DUE TO (c) <u>Cardio-vascular-renal disease</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operations.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>442 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 April 12, 1946, to Feb 15, 1954, that I last saw the deceased alive on Feb 12, 1954, and that death occurred at 8:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. R. Schultz, M.D.</u>		23b. ADDRESS <u>Fordland, Mo.</u>		23c. DATE SIGNED <u>2/18/54</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Feb. 18, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Finley</u>	
DATE REC'D BY LOCAL REG. <u>2/18/54</u>		REGISTRAR'S SIGNATURE <u>Opal M. Good 342-0</u>		24d. LOCATION (City, town, or county) (State) <u>Webster County MO.</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max & Miller</u>		ADDRESS <u>Fordland, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Max J Miller

Signed.....
Student Embalmer

Licensed Embalmer No. 4720

P. O. Address Fordland, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.