

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15141

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>210</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>0160</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>f</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAYE</u> b. (Middle) <u>Hedge</u> c. (Last) <u>DALTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 27, 1954</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 6, 1896</u>	9. AGE (In years last birthday) <u>58</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Mr. Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Ma. Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Dalton</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. Dalton Advance 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myoplegia (st)</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u>  ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  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 _____				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) _____		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? <u>334X</u>					
22. I hereby certify that I attended the deceased from <u>5:26, 1954</u> , to <u>5:27, 1954</u> , that I last saw the deceased alive on <u>5:27, 1954</u> , and that death occurred at <u>4 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. D. Asberry M.D.</u>				23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>5-27-54</u>	
24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 28, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Advance, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-2-54</u>		REGISTRAR'S SIGNATURE <u>L. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. H. Hughes Advance 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed William H. Morgan

Licensed Embalmer No. 4646

P. O. Address Advocate, Ill.

**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.