

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15841**
2254

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 002	Registrar's No. 2254
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 3 1/2 yrs.	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. 3205 East 31st Street		e. STREET ADDRESS (If rural, give location) 510 3205 East 31st Street		
3. NAME OF DECEASED (Type or Print) Donna		a. (First) Donna	b. (Middle) DAYTON	c. (Last) DAYTON
4. DATE OF DEATH May 19, 1954		5. SEX Female		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-28-28		9. AGE (In years last birthday) 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Nebraska City, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Albert R. Niday		13b. MOTHER'S MAIDEN NAME Maude Jane Mead
14. NAME OF HUSBAND OR WIFE Ernest E. Dayton		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. 508-26-6145
17. INFORMANT'S SIGNATURE OR NAME Ernest E. Dayton		17. ADDRESS 3205 E. 31st, K.C., Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Death by Hanging
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Death by Hanging		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH E974*
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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo
21d. TIME OF INJURY 5-19-54		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hung himself with a rope
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE Hugh H. Owens		23b. ADDRESS 1134 Pinalto Blvd		23c. DATE SIGNED 5-19-54
24a. BURNAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-28-54		24c. NAME OF CEMETERY OR CREMATORY Forest Hill
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		
DATE REC'D BY LOCAL REG. 5-19-54		REGISTRAR'S SIGNATURE Seraldine Smith		ADDRESS Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Melvin Barbeau*

Licensed Embalmer No. *49*

P. O. Address *KCM*

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.