

FILED JUN 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16347

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY OR TOWN <u>JOPLIN</u> <small>(If outside corporate limits, write RURAL and give township)</small>	c. LENGTH OF STAY (In this place) <u>8 hrs</u>	c. CITY OR TOWN <u>JOPLIN</u>	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 <u>ST. JOHN'S HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>815 CENTRAL</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u> b. (Middle) <u>FLORENCE</u> c. (Last) <u>DALTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 22 1954</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT 28, 1879</u>	9. AGE (In years last birthday) Months Days <u>74</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work, including most of various life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>INDIANA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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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 <u>WILLIAM MARTIN</u>	ADDRESS <u>JOPLIN</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>		<u>2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>probably due to</u> DUE TO (c) <u>Malignancy of Bowel.</u>		<u>known</u> <u>I saw her</u> <u>only 2 hrs</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>153 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 5:22 PM, to 5:22 PM, that I last saw the deceased alive on 5-22-54, and that death occurred at 5:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. L. Crawford M.D.</u>	23b. ADDRESS <u>Joplin, Mo.</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 25, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEM PARK</u>	24d. LOCATION (City, town, or county) (State) <u>JOPLIN Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-25-54</u>	REGISTRAR'S SIGNATURE <u>W. S. Sawyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hurlbert Greer</u>	ADDRESS <u>Joplin</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 1 1954
Jasper County Health Office
County File Number 54-6-4
Date Filed JUN 1 1954

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..... Dale Glenn

Licensed Embalmer No. 45

P. O. Address..... Joplin

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.