

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37872

FILED DEC 9 1955

603 State File No.

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4410 Registrar's No. 5813

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Doniphan</u>)		c. LENGTH OF STAY (in this place) <u>56 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. #6</u>			d. STREET ADDRESS (If rural, give location) <u>Rt. #6</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Dalton</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>11-20-55</u>		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>1-7-1866</u>		9. AGE (In years last birthday) <u>89</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	
13a. FATHER'S NAME <u>Thomas McIlroy</u>		13b. MOTHER'S MAIDEN NAME <u>Mary White</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Dalton (Deceased)</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>Earl Dalton (son)</u> ADDRESS <u>Doniphan, Mo. Rt. 6</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		DUE TO (b) <u>Arricular Fibrillation</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Coronary Arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		<u>4201</u>			

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?	

22. I hereby certify that I attended the deceased from Sept, 1955, to Nov, 1955, that I last saw the deceased alive on Nov 20, 1955, and that death occurred at 11:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Marvin R. Barber, M.D.</u>		23b. ADDRESS <u>1003 1/2 Main Lade Bluff Mo.</u>		23c. DATE SIGNED <u>Nov 28 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Doniphan, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. C. McNeill</u>		ADDRESS <u>Pocahontas, Ark.</u>	

DATE REC'D BY LOCAL REG. <u>11-30-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. C. McNeill</u>	
				ADDRESS <u>Pocahontas, Ark.</u>	

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 *M. C. Mc Nab*

Licensed Embalmer No. *680 (Ark)*

P. O. Address *Pocahontas, Ark*

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.