

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4094

State File No.

FILED MAR 7 1956

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>4112</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>			
b. CITY OR TOWN <u>Dalton</u>		c. LENGTH OF STAY (in this place) <u>60 yrs.</u>		c. CITY OR TOWN <u>Dalton, Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>Dalton, Mo. 0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dalton, Missouri</u>				3. NAME OF DECEASED a. (First) <u>Daniel</u> b. (Middle) <u>Stacy</u> c. (Last) <u>Moore</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>3-1-56</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	
8. DATE OF BIRTH <u>Aug 27 1861</u>		9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer</u>		11. BIRTH PLACE (State or foreign country) <u>Dalton, Mo</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>H Ezekiah Moore</u>	
13b. MOTHER'S MAIDEN NAME <u>Hattie Craig</u>		14. NAME OF HUSBAND OR WIFE <u>Hattie</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>499-38-9091</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Moore</u>		17. ADDRESS <u>Dalton, 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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3-11-56</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Failure</u>				<u>10 days</u>			
DUE TO (c) <u>General Debility</u>				<u>One year</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Possible Bronchogenic CA</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>162X</u>		YES <input type="checkbox"/> NO <input 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) (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 <u>Feb 22, 1956</u> , to <u>Feb 24, 1956</u> , that I last saw the deceased alive on <u>Feb 24, 1956</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter D. Dalton, M.D.</u>				23b. ADDRESS <u>Keosauqua, Mo</u>		23c. DATE SIGNED <u>3-2-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-3-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dalton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dalton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-2-56</u>		REGISTRAR'S SIGNATURE <u>Mildred Beane</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ger. V. Beane</u>		ADDRESS	

(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
Student Embalmer

Signed _____

Licensed Embalmer No. 4770

P. O. Address Marshall Mo.

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.