

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9945

BIRTH NO. _____		REG. DIST. NO. 246		PRIMARY REG. DIST. NO. 5835		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY NEWTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SHOAL CREEK		c. LENGTH OF STAY (In this place) YRS		c. CITY RURAL SHOAL CREEK OR TOWN WSP		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION ROUTE 4, JOPLIN				e. STREET ADDRESS (If rural, give location) ROUTE 4, JOPLIN					
3. NAME OF DECEASED (Type or Print) a. (First) HELEN			b. (Middle) SARAH		c. (Last) DAYTON		4. DATE OF DEATH (Month) (Day) (Year) MARCH 2, 1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT. 30, 1899	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and State or Foreign Country) CALDWELL, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME W. H. WEAVER			13b. MOTHER'S MAIDEN NAME IDA MAY KELLEY		14. NAME OF HUSBAND OR WIFE EMMETT DAYTON				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EMMETT DAYTON, RT. 4, JOPLIN, MO.					
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) Acute Circulatory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left Ventricular Hypertrophy DUE TO (c) Ventricular Fibrillation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 15 Minutes 1 month 6 mo	
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) 4331					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from 9-23, 1956 , to 3-2, 1956 , that I last saw the deceased alive on 2-27, 1956 , and that death occurred at 4 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE A. Gregory (Degree or title) DO				23b. ADDRESS 624 W. Broadway St., Webb City, Mo.		23c. DATE SIGNED 3/3/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-3-56	24c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI				
DATE REC'D BY LOCAL REG. 3-7-56		REGISTRAR'S SIGNATURE Dove Mervain		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

27-0

156-30

MOBILE, MISSOURI

NOV 2 1958

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 *F. M. Jones*.....

Licensed Embalmer No. *23*

P. O. Address *Joplin*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.