

FILED MAY 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13204

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1785

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>50 yrs</b>	
c. CITY OR TOWN <b>Kansas City</b>		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 <b>Trinity Lutheran</b>		STREET ADDRESS (If rural, give location) <b>3419 Wyandotte</b>	
3. NAME OF DECEASED a. (First) <b>JAMES</b>		b. (Middle) <b>H.</b>	
c. (Last) <b>DALTON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4 24 56</b>	
5. SEX <b>Ma</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>4-22-1900</b>
9. AGE (In years last birthday) <b>56</b>		10. IF UNDER 1 YEAR Months Days	10. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrical Insp.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City of K.C.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James J. Dalton</b>		13b. MOTHER'S MAIDEN NAME <b>Harriet Lindley</b>	
14. NAME OF HUSBAND OR WIFE <b>Ethel W. Dalton</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.#1</b>	
16. SOCIAL SECURITY <b>495-01-1725</b>		17. INFORMANT'S SIGNATURE OR NAME <b>James J. Dalton, Richmond, Mo.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		ANTECEDENT CAUSES	
DUE TO (b) <b>Chronic pulm. emphysema</b>		DUE TO (c) <b>Bronchial asthma</b>	
DUE TO (c) <b>Hypertensive heart disease</b>		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 <b>241X</b>	
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 <u>11-12</u> , 1954, to <u>4-24</u> , 1956, that I last saw the deceased alive on <u>4-24</u> , 1956, and that death occurred at <u>11:00 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE <b>Wilson H. Miller</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>4620 Independence Ave. Kansas City, Mo.</b>	
23c. DATE SIGNED <b>4-25-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-28-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>
DATE REC'D BY LOCAL REG. <b>4-25-56</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Wagner Funeral Home, KC Mo</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

p. 300  
p. 48

2:30

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 *John R. Sidman*  
Licensed Embalmer No. 45  
P. O. Address *Kansas City*

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.