

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22837**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 765		
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Buchanan				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph)		c. LENGTH OF STAY (in this place) 1 week		c. CITY St. Joseph OR TOWN		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 419 1/2 Illinois Ave.				e. STREET ADDRESS (If rural, give location) 419 1/2 Illinois Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Jesse		b. (Middle) B.		c. (Last) Dalton		4. DATE OF DEATH (Month) (Day) (Year) June 24, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Not known		8. DATE OF BIRTH May 2, 1882		
9. AGE (In years last birthday) 74		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) not known			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Carter County, Okla		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Washington D.C. Federal Bureau of Investigation				
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) Gunshot wound through the head ANTECEDENT CAUSES Man shot himself through the head DUE TO (b) on or about 8 PM June 24, 1956. Body found dead 8 AM June 26, 1956 DUE TO (c) in his room at 419 1/2 Illinois Ave., St. Joseph, Mo. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 Day	
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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rooming house		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Missouri				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 24 1956 8PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 38cal. Revolver wound to the head				
22. I hereby certify that I attended the deceased from viewed on June 26 ¹⁹⁵⁶ at June 24 ¹⁹⁵⁶ at 8PM , 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.								
23a. SIGNATURE H. F. Mundy (Degree or title) (Coroner) M.D.			23b. ADDRESS St. Joseph, Missouri			23c. DATE SIGNED June 30, 1956		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 10, 1956		24c. NAME OF CEMETERY OR CREMATORY ICity Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. July 19, 1956		REGISTRAR'S SIGNATURE Esther M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Clark ADDRESS Clark Funeral Home St. Joseph, Mo.				

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

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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 *E. A. Clark*

Licensed Embalmer No. *4238*

P. O. Address *St. Joseph*

- 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.