

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23018**

FILED AUG 6 - 1956

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **357**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau 13da		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson Mo 0161	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Hosp.		d. STREET ADDRESS (If rural, give location) 11 East Adams	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Franklyn c. (Last) Dalton			4. DATE OF DEATH (Month) (Day) (Year) July 26 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 17 - 1870	9. AGE (If years last birthday) 85	10. 10 YEAR 9 Days 9 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier	10b. KIND OF BUSINESS OR INDUSTRY Delivered mail	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME David Dalton	13b. MOTHER'S MAIDEN NAME Nancy Wecker	14. NAME OF HUSBAND OR WIFE Lennie Taylor Dalton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Maple Dalton ADDRESS Jackson Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block		INTERVAL BETWEEN ONSET AND DEATH July 17-26
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myo. Conditio		
	DUE TO (c)		
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 4222	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) m.	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 **Jan 1954**, to **July 26 1956**, that I last saw the deceased alive on **July 26 1956**, and that death occurred at **7:20 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. T. C. Summers M.D.	23b. ADDRESS Jackson Mo	23c. DATE SIGNED 7-28-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/29/56	24c. NAME OF CEMETERY OR CREMATORY Russell Heights	24d. LOCATION (City, town, or county) (State) Jackson Mo
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DATE REC'D BY LOCAL REG. 7-30-56	REGISTRAR'S SIGNATURE T. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Bonette Laird ADDRESS Jackson Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 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
Student Embalmer

Signed R. O. Laird.

Licensed Embalmer No. 4038

P. O. Address Jackson, Miss.

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.