

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42362**

FILED DEC 24 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **51**

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>		c. LENGTH OF STAY (in this place) <b>30 minutes</b>	c. CITY OR TOWN <b>Columbia</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>		STREET ADDRESS (If rural, give location) <b>Suburban Area 0101</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>SAMUEL</b>		b. (Middle) <b>FRED</b>	
c. (Last) <b>DALTON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 17, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 10, 1899</b>
9. AGE (In years last birthday) <b>57</b>		10. MONTHS <b>5</b>	11. DAYS <b>17</b>
12. HOURS <b>11</b>		13. MIN. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manufacturer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mixed concrete</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Vernon County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>F.A. Dalton</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Poage Dalton</b>	
14. NAME OF HUSBAND OR WIFE <b>Allene Maxwell Dalton</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>unobtainable</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John M. Dalton, Jefferson City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured skull</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. <b>Fractured Right Leg.</b>			
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) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <b>Public Highway</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Pettis</b> (COUNTY) <b>Boone</b> (STATE) <b>Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12-17-56 6:55</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Two car accident at junction of U.S. 65 + 82 - 12 miles S. of Sedalia</b>	
22. I hereby certify that I attended the deceased <b>as Coroner</b> , and that death occurred at <b>7:00 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Chas Jordan Huffacker M.D.</b> (Degree or title)		23b. ADDRESS <b>Corner Pettis Co</b>	
23c. DATE SIGNED <b>12-18-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Dec. 18, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>?</b>	
24d. LOCATION (City, town, or county) (State) <b>Columbia, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>12-18-56</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Theresa Cooney Deputy</b> ADDRESS <b>Sedalia, Mo.</b>	

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

DEC 23 1957

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 *R. E. Baker*

Licensed Embalmer No. *2419*

P. O. Address *Sedalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.