

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30751

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 428

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY OR TOWN <u>Joplin</u>		c. CITY OR TOWN <u>Galena</u> RURAL <u>Route # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 1</u>	
3. NAME OF DECEASED a. (First) <u>Fred</u> b. (Middle) <u>Gener</u> c. (Last) <u>Dalton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 26, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>May 3, 1895</u>
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>	11. BIRTHPLACE (State or foreign country) <u>Webb City, Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Valentine J. Dalton</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ann Moser</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lottie Cook</u> ADDRESS <u>Galena, Kansas R # 1</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INJURIES MULTIPLE, EXTREME</u> ANTECEDENT CAUSES DUE TO (b) <u>1. COMPOUND COMPLEX FRACTURES RT. TIBIA + FIBULA</u> DUE TO (c) <u>2. CRUSH INJURY RIGHT CHEST</u> II. OTHER SIGNIFICANT CONDITIONS <u>3. PERFORATION RT. LUNG - WITH HEMOPNEUMO-</u> <u>THORAX</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4. INTRA CRANIAL INJURY</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>Auto Mobile</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 66</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Galena Cherokee Kans</u>	
21d. TIME OF INJURY _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>CAR STRUCK CULVERT</u>	
22. I hereby certify that I attended the deceased from <u>(DID, NOT, ATTEND)</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Wenderson Croning, Joplin Co.</u>		23b. ADDRESS <u>Joplin Natl Bank Bldg. - Joplin</u>	23c. DATE SIGNED <u>9-27-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest</u>	24d. LOCATION (City, town, or county) (State) <u>Galena, Kansas</u>
DATE REC'D BY LOCAL REG. <u>9-27-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Galena, Kansas</u>

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

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RECEIVED 10-3-49
Jasper County Health Office

County File Number 49-9-766

Date Filed 10-3-49

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.

Signed Howard E. Gibson

Signed _____
Student Embalmer

Kansas Licensed Embalmer No. 2310

P. O. Address Galena, Kansas

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.