S. No. 300
. 10-48

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4703

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 645

3008

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1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY
c. LENGTH OF STAY (In this place) 5mo. & 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RESEARCH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE KANSAS b. COUNTY WYANDOTTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY 8150 8
d. STREET ADDRESS (If rural, give location) 3250 WEST PARKWAY

3. NAME OF DECEASED (Type or Print) a. (First) SAMMY b. (Middle) ALLEN c. (Last) DALTON

4. DATE OF DEATH (Month) Feb (Day) 11 (Year) 1951

5. SEX F

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH SEPT 23 1917

9. AGE (In years last birthday) 33 — IF UNDER 1 YEAR Months 4 Days 18 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) TEXAS

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME VERNE WILLIAM ALLEN

13b. MOTHER'S MAIDEN NAME MYRTLE BREWER

14. NAME OF HUSBAND OR WIFE JOHN W. DALTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 262-05-2757

17. INFORMANT'S SIGNATURE OR NAME JOHN W. DALTON, 3250 W. PARKWAY, KS. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Terminal bronchopneumonia and empyema	1 wk.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Lymphosarcoma - diffuse	4 mos.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Pericarditis, peritonitis	1 wk.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 6, 1950, *to* Feb 11, 1951, *that I last saw the deceased alive on* Feb 10, 1951, *and that death occurred at* 2:37 a. m., *from the causes and on the date stated above.*

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23a. SIGNATURE William F. Sanders (Degree or title) William F. Sanders M.D.

23b. ADDRESS 1103 Grand K.C. Mo.

23c. DATE SIGNED Feb 11, 1951

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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE 2/11/51

24c. NAME OF CEMETERY OR CREMATORY —

24d. LOCATION (City, town, or county) (State) Bay City Texas

DATE REC'D BY LOCAL REG. 2-11-51

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE STINE + McCLURE, ADDRESS K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Herbert A. Jones working under my personal supervision.

Student Embalmer No. 411

Signed Herbert A. Jones
Student Embalmer

Signed E. M. Plank

Licensed Embalmer No. 1848

P. O. Address 3235 Gillham Fl

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.

State of Missouri } ss.
County of Jackson }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 4703-51
Local Registrar's No. 645

On this 19th day of April, 1951 before me appears William F. Sanders, M.D., who, upon his oath, states that the original record of death for Sammy Allen Dalton died February 11, 1951, in the State of Missouri, and which was filed at Kansas City, Missouri on Feb. 11, 1951, should be corrected as follows:

Item No. 18. (1.a) should read disseminated lupus erythematosus - 4 months
Instead of Lymphosarcoma - diffuse --- 4 Months

Item No. ..... should read .....
Instead of .....

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Item No. ..... should read .....
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Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant William F. Sanders M.D.
Relationship.

1103 Hand, Kansas City, Mo
Present Address.

Subscribed and sworn to before me this 19th day of April, 1951.

My Commission expires May 7, 1954 Esther Morse Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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