

FILED MAY 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11741

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 414

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Ash Township) 0050/1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) Washburn	

3. NAME OF DECEASED (Type or Print) a. (First) WARREN b. (Middle) RAY c. (Last) DALTON			4. DATE OF DEATH (Month) (Day) (Year) 4-23-1954		
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 12-6-1933		9. AGE (In years last birthday) 20		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) farming		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Barry County, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Bent Dalton		13b. MOTHER'S MAIDEN NAME Lona Day		14. NAME OF HUSBAND OR WIFE Phyllis Dalton	
--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bent Dalton-Washburn, Mo.	
---	--	---	--	--	--

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Porphyria, acute INTERVAL BETWEEN ONSET AND DEATH 2 weeks ANTECEDENT CAUSES Morbid 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.			
---	--	--	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 2892		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	---	--	---	--

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) (Min.)			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 **4-21, 1954** to **4-23, 1954**, that I last saw the deceased alive on **4-22, 1954**, and that death occurred at **4:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Howard Marshall M.D. (Degree or title)		23b. ADDRESS Springfield, Mo		23c. DATE SIGNED 4-24-54	
---	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-25-1954		24c. NAME OF CEMETERY OR CREMATORY Roller Cemetery		24d. LOCATION (City, town, or county) (State) Washburn, Missouri	
--	--	-------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. 4-26-54		REGISTRAR'S SIGNATURE Erith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles Fryer & Sons Carroll, Missouri	
--	--	--	--	---	--

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Lewis G. Schaeff

Licensed Embalmer No. *3402*

P. O. Address *Springfield, 7*

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.