

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7231**

FILED APR 11 1955

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5714		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY Ballingew				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ballingew			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wayne Sup.		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				STREET ADDRESS (If rural, give location) Deer Brownwood			
3. NAME OF DECEASED (Type or Print) a. (First) ALMA		b. (Middle) RINDA		c. (Last) DALTON		4. DATE OF DEATH (Month) (Day) (Year) APRIL 2, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 8, 1874	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (City and State or Foreign Country) Kentucky	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles Huff		13b. MOTHER'S MAIDEN NAME Alma Rinda Sutter		14. NAME OF HUSBAND OR WIFE Nathan A. Long, Dalton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Russell Dalton, Brownwood, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hydrothorax-Pneumonia DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 48 Hrs	
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
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"/>					
22. I hereby certify that I attended the deceased from Sept 1954 , to 2 April 1955 , that I last saw the deceased alive on 2 April 1955 , and that death occurred at 3 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE R. D. Dalton		23b. ADDRESS Advance, Mo.		23c. DATE SIGNED 5 April 55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/5/55		24c. NAME OF CEMETERY OR CREMATORY Ballingew Co. Mem. Pk.		24d. LOCATION (City, town, or county) (State) Lutesville, Missouri	
DATE REC'D BY LOCAL REG. 4-7-1955		REGISTRAR'S SIGNATURE Willie Oue Amburge		25. FUNERAL DIRECTOR'S SIGNATURE Miss L. L. Morgan, Jr.		ADDRESS Advance	

(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.....
Signature of Student Embalmer

Signed..... *William H. Morgan*

Licensed Embalmer No..... *464*

P. O. Address *Advance*

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.