

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7232**

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5114** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Ballinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ballinger	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wayne Sup.		c. CITY OR TOWN -	
c. LENGTH OF STAY (in this place)		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) New Braunwood	

3. NAME OF DECEASED (Type or Print)	a. (First) NATHAN	b. (Middle) ALONZO	c. (Last) DALTON	4. DATE OF DEATH (Month) (Day) (Year) April 4 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH July 22, 1872	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. farmer	10b. KIND OF BUSINESS OR INDUSTRY Ret. farmer	11. BIRTHPLACE (City and State or Foreign Country) Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Marcus Dalton	13b. MOTHER'S MAIDEN NAME Marta Ashcraft	14. NAME OF HUSBAND OR WIFE Alma Linda Dalton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish Am. War	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Russell Dalton	ADDRESS Braunwood, Mo.
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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 Not known
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 1954**, to **April 1955**, that I last saw the deceased alive on **4 April 1955**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. J. Merrill	(Degree or title)	23b. ADDRESS Advance, Mo.	23c. DATE SIGNED 5 April 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/5/55	24c. NAME OF CEMETERY OR CREMATORY Ballinger C. M. Co. Park & Lumber Co., Lumberville, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 4-7-1955	REGISTRAR'S SIGNATURE Adelle Vandenberg	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Lloyd S. Maynor, Jr.	ADDRESS Advance
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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 *Adrian, Mich*.....

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.