

FILED NOV 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38431

State File No. ....

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

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>509</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>35 yrs.</u>		c. CITY OR TOWN <u>Joplin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1923 West B St.</u>				STREET ADDRESS (If rural, give location) <u>1923 West B St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Claude</u>			b. (Middle) _____		c. (Last) <u>Dalton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7, 1956</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>X</u>		8. DATE OF BIRTH <u>Jan. 16, 1892</u>		9. AGE (In years last birthday) <u>64</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insulation Dept.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Eagle-Picher Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Odessa, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>John Dalton</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Fox</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillie Harbaugh, 1923 West B. St.</u>				ADDRESS _____	
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Liver failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6-months</u>	
				ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				<u>12-months</u>	
				DUE TO (b) <u>Carcinoma of Pancreas</u>					
				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>157X</u>						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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>November, 1955</u> , to <u>November, 1956</u> that I last saw the deceased alive on <u>11-4-</u> , 19 <u>56</u> , and that death occurred at <u>12:00 P.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Bart F. Woodruff M.D.</u>				23b. ADDRESS <u>Joplin Missouri</u>				23c. DATE SIGNED <u>11-9-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-9-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial Cemetery</u>		24d. LOCATION (City, town, or county) <u>Joplin, Missouri</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>11-17-56</u>		REGISTRAR'S SIGNATURE <u>Dorice Merriam</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Steve Parker Mortuary, Joplin, Mo</u>					

Jasper Co. Health Office  
County File Number 56-11-924  
Date Filed NOV 21 1956

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.....

Licensed Embalmer No.....

P. O. Address.....

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.