

State File No. 7232

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

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5114</u> Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Ballinger</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ballinger</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wayne Sup.</u>		c. LENGTH OF STAY (in this place) <u>-</u>		c. CITY OR TOWN <u>-</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>-</u> (not in hospital or institution, give street address or location)			STREET ADDRESS (If rural, give location) <u>New Brunswick</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>NATHAN</u> b. (Middle) <u>ALONZO</u> c. (Last) <u>DALTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 4 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>July 22, 1872</u>		9. AGE (in years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Francis Dalton</u>	
14. MOTHER'S MAIDEN NAME <u>Martha Ashcraft</u>		15. NAME OF HUSBAND OR WIFE <u>Alma Linda Dalton</u>		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>Spanish Am. War</u>	
17. SOCIAL SECURITY NO. <u>rose</u>		18. INFORMANT'S SIGNATURE OR NAME <u>Russell Dalton</u>		ADDRESS <u>Brunswick, Mo.</u>	
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES <u>Senility</u> DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u>		
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)	
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?	
22. I hereby certify that I attended the deceased from <u>Sept 1954</u> , to <u>April 1955</u> , that I last saw the deceased alive on <u>April 1955</u> , and that death occurred at <u>2:30 PM</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. J. H. Merrill</u>		23b. ADDRESS <u>Advance, Mo.</u>		23c. DATE SIGNED <u>5 April 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>4/5/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ballinger Co. M. Co. Gr. & Int. Co.</u>	
24d. LOCATION (City, town, or county) (State) <u>Luluville, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. L. L. & S. M. Mays, Jr.</u>		ADDRESS <u>Advance</u>	
DATE REC'D BY LOCAL REG. <u>4-7-1955</u>		REGISTRAR'S SIGNATURE <u>Nellie Vandenburg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. L. L. & S. M. Mays, Jr.</u>	
				ADDRESS <u>Advance</u>	

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 *Pharmacia*

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.