

No. 300
10.48

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22880

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 4229 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin 6 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove Mo 0396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>214 S. Missouri Ave</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>CHILCUTT</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6 1951</u>
---	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb 14 1865</u>	9. AGE (In years last birthday) <u>86</u> 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) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Cherry Point Del</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	---

13a. FATHER'S NAME <u>Charles Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E White</u>	14. NAME OF HUSBAND OR WIFE <u>E. M. Chilcutt</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Allison</u>	ADDRESS
---	--------------------------------------	--	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of Hip L. Trochanter 1951</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>malnutrition</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>89030</u> <u>20</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.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>45</u> (STATE) <u>New Franklin Howard Mo</u>
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 26 5 15 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on Floor</u>
---	---	--

22. I hereby certify that I attended the deceased from June 26, 1951, to Aug 6, 1951, that I last saw the deceased alive on Aug 6, 1951, and that death occurred at 7:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (In Green or Blue Ink) <u>L. A. Cauderlain M.D.</u>	23b. ADDRESS <u>New Franklin Mo 8-6-51</u>	23c. DATE SIGNED <u>8-6-51</u>
---	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>4</u>	24b. DATE <u>Aug 9 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ash Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Aug 6 1951</u>	REGISTRAR'S SIGNATURE <u>Mary K Shell</u>	436	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edman</u>	ADDRESS <u>New Franklin Mo</u>
---	--	-----	--	-----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

450

RECEIVED 8-14-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-14-51

AUG 31 1951

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.

Signed CS Duncan

Signed _____
Student Embalmer

Licensed Embalmer No. 3616

P. O. Address New Franklin

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.