

JUL 27 1952

STANDARD CERTIFICATE OF DEATH

State File No. 21177

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 202

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1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>	
c. LENGTH OF STAY (in this place) <u>6/19/52</u>		d. STREET ADDRESS (If rural, give location) <u>1003 Center</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering</u>			

3. NAME OF DECEASED (Type or Print) <u>Elizabeth Pitts Chilton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 2, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 23, 1870</u>		9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u>	
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>XX</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Paris Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U S A</u>					

13a. FATHER'S NAME <u>Thomas Pitts</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Vaughn</u>		14. NAME OF HUSBAND OR WIFE <u>James C. Chilton</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr. J. C. Chilton Hannibal Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Astasia totalis Heart Disease</u>		DUPLICATE OF (b) _____				DUPLICATE OF (c) <u>Cerebral Hemorrhage</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE OF (b) _____	
DUPLICATE OF (a) _____		DUPLICATE OF (c) _____				DUPLICATE OF (d) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured Hip, Leg</u>						DUPLICATE OF (e) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						<u>4200 F</u>	

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) <u>June 26 1952</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 at Home</u>	

22. I hereby certify that I attended the deceased from June 26, 1952, to July 2, 1952, that I last saw the deceased alive on July 2, 1952, and that death occurred at 4:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert Lanning MD</u>		23b. ADDRESS <u>Hannibal, Mo</u>		23c. DATE SIGNED <u>7/3/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/4/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Paris Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>7-3-52</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By W. C. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clayton Smith Hannibal Missouri</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 6 1952
MARION CO. HEALTH DEPT.
DATE FILED JUL 10 1952

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
Student Embalmer

Signed

John S. Ward

Licensed Embalmer No. 4540

P. O. Address Fannibal Missouri

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.