No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1953

State File No. 4498

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6128 Registrar's No. 226

1. PLACE OF DEATH
a. COUNTY: Shannon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emminence
c. LENGTH OF STAY (in this place): 70 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oxon home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Shannon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmenence 1010
d. STREET ADDRESS (If rural, give location): d

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Josephine
c. (Last): Chilton

4. DATE OF DEATH (Month) (Day) (Year): Jan 22 53

5. SEX: F
6. COLOR OR RACE: Wt
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH (Month) (Day) (Year): Jan 11 1868
9. AGE (Last birthday): 84 years; 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): house wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Cedar Grove Ill
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Tripp
13b. MOTHER'S MAIDEN NAME: Mary Youngs
14. NAME OF HUSBAND OR WIFE: J.G. Chilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Susie Chilton Sears
ADDRESS: Eminence

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Virus pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Flu — 48 hrs
DUE TO (c): Senility & Arthritis Deformans — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
480X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1950, *to* 1-22-, 1953, *that I last saw the deceased alive on* 1-22-, 1953, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Rufus F. Wilson (Degree or title): DO
23b. ADDRESS: Eminence Mo
23c. DATE SIGNED: 1-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-25-53
24c. NAME OF CEMETERY OR CREMATORY: Chilton family
24d. LOCATION (City, town, or county) (State): Eminence Mo

DATE REC'D BY LOCAL REG.: 2-11-53
REGISTRAR'S SIGNATURE: Mabel Rollins 447
25. FUNERAL DIRECTOR'S SIGNATURE: Seaton Sewitt
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

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 Seaton Perritt

Licensed Embalmer No. 2287

P. O. Address Van Buren M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.