FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19414

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6257 Registrar's No. 4

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: WAYNE
c. CITY OR TOWN: PATTERSON
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Logan Township

3. NAME OF DECEASED (Type or Print)
a. (First): FLYNN
b. (Middle):
c. (Last): CHILTON

4. DATE OF DEATH (Month) (Day) (Year): MAY 3 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 20-1873
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 11 Days 13 — IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and State or Foreign Country): DES ARC, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: JOSEPH CHILTON
13b. MOTHER'S MAIDEN NAME: RACHEL WINN
14. NAME OF HUSBAND OR WIFE: GERTRUDE CHILTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Ercil Jones — **ADDRESS:** Piedmont, Mo.

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis Pulmonary — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4214
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* _____, 1956, *to* May 3, 1956, *that I last saw the deceased alive on* May 3, 1956 *and that death occurred at* 4 Pm *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. H. Summers, M.D.
23b. ADDRESS: Piedmont Mo.
23c. DATE SIGNED: 5-5-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: May 5-56
24c. NAME OF CEMETERY OR CREMATORY: DES ARC
24d. LOCATION (City, town, or county) (State): DES ARC. Mo.

DATE REC'D BY LOCAL REG.: May 9, 1956
REGISTRAR'S SIGNATURE: Hazel Ward
FUNERAL DIRECTOR'S SIGNATURE: Norman W. Dish
ADDRESS: Piedmont Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

460
0

WAYNE CO. HEALTH CENTER

FILE No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....Me...., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 44

P. O. Address Fishmo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.