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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 20700

FILED JUN 24 1957 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 560

1. PLACE OF DEATH a. COUNTY GREENE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN SPRINGFIELD — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. BURGE HOSP. — Length of stay in 1b 20 YRS.	d. STREET ADDRESS (If outside, give location) 1009 E. COMMERCIAL — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First DAN	Middle S.	Last CHILTON	4. DATE OF DEATH Month JUNE Day 18, Year 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 27 JUNE 1898
9. AGE (In years last birthday) 58	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) ENGINEER	10b. KIND OF BUSINESS OR INDUSTRY WATER COMPANY	11. BIRTHPLACE (City and state or country) CARTER COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN CHILTON	13b. MOTHER'S MAIDEN NAME CHRISTINA SMITH	14. NAME OF HUSBAND OR WIFE IVY CHILTON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT IVY CHILTON	Address SPRINGFIELD, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH Few minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1955 to 6-18-57 and last saw ~~her~~ him alive on Feb. 20, 1957

Death occurred at 1:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A W Hanss M.D.	22b. ADDRESS Springfield, Mo	22c. DATE SIGNED 6-18-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-20-57	23c. NAME OF CEMETERY OR CREMATORY GREENLAWN
23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.		
24. FUNERAL DIRECTOR J.W. Klingner & Co.	ADDRESS SPGFD. MO.	25. DATE RECD. BY LOCAL REG. 6-21-57
26. REGISTRAR'S SIGNATURE Edith Williamson		

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 24 1951

JUN 12 1958

JUL 5 1959

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 Max Rhode

Licensed Embalmer No. 407

P. O. Address Spring Fie

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.