

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35614

STATE FILE NUMBER

FILED NOV 12 1957

Registration District No. 147 Primary Registration District No. 5336 Registrar's No. 36

S. 300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Howell</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mountain View</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> #1 | c. CITY OR TOWN <u>Birch Tree</u> <u>1014</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> # |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis</u> | | Length of stay in lb <u>12 Hours</u> | d. STREET ADDRESS (If outside, give location) <u>Route # 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Alvie C. Chilton</u> | | | 4. DATE OF DEATH Month Day Year <u>Oct. 22, 1957</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>March 31, 1891</u> |
| 9. AGE (In years last birthday) <u>66</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Scrumming</u> | 11. BIRTHPLACE (City and state or country) <u>Eminence, Missouri</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Will Chilton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u> | 14. NAME OF HUSBAND OR WIFE <u>Ethyl May Chilton</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes</u> <u>W.W.</u> | | 16. SOCIAL SECURITY NO. <u>4201</u> | 17. INFORMANT Address <u>Ethyl May Chilton Birch Tree, Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>sonny shawmi</u> 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) | | | INTERVAL BETWEEN ONSET AND DEATH <u>12 1/2</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 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 <u>10-22-57</u> , to _____ and last saw ^{her} _{him} alive on _____ Death occurred at <u>5:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>W.R. 2/1/57</u> | | (Degree or title) <u>MD</u> | 22b. ADDRESS <u>Birch Tree, Mo.</u> |
| 22c. DATE SIGNED <u>11-4-57</u> | | 22d. DATE SIGNED | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>10/25/57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>New Eminence</u> | 23d. LOCATION (City, town, or county) (State) <u>Eminence, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn View, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>11-8-57</u> | 26. REGISTRAR'S SIGNATURE <u>Laura Mitchell</u> |

NOV 13 1967

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 *Richard A. Norton*

Licensed Embalmer No. 5029

P. O. Address *Mt. View*

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.