

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029580  
STATE FILE NUMBER

Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 47

**FILED SEP 3 1958**

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Elsberry</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Elsberry</u> <u>0570</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LaDelle N.H.</u>		Length of stay in lb <u>1 months</u>	d. STREET ADDRESS (If outside, give location) <u>South Seventh St.</u>
3. NAME OF DECEASED (Type or print) First <u>Bessie</u> Middle <u>Wave</u> Last <u>SHORT</u>		4. DATE OF DEATH Month <u>August</u> Day <u>18</u> Year <u>1958</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> <u>2</u>	8. DATE OF BIRTH <u>Mar. 27, 1894</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>own home</u>	11. BIRTHPLACE (City and state or country) <u>Eminence, Missouri</u>
13a. FATHER'S NAME <u>Thomas Chilton</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Chilton</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</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.	17. INFORMANT Address <u>Mrs. William Parker - Elsberry, Missouri</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>Acute Pyelonephritis &amp; Glomerulonephritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>6000</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Myxedema</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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>August 16, 1958</u> to <u>August 18, 1958</u> and last saw her alive on <u>August 18, 1958</u> Death occurred at <u>7:00</u> a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Frank L. Sutton, D.O.</u> (Degree or title)		22b. ADDRESS <u>Winfield, Mo.</u>	22c. DATE SIGNED <u>8/20/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>August 18, 1958</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>Chilton</u>	23d. LOCATION (City, town, or county) (State) <u>RFD - Eminence, Mo.</u>
24. FUNERAL DIRECTOR <u>Duncan Funeral Home - Mountain View, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9/2/1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57  
570

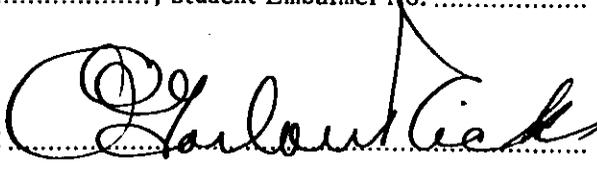
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550

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  .....

Licensed Embalmer No. 4012  
P. O. Address Elsberry, Mo

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.