

## FILED AUG 24 1949 STANDARD CERTIFICATE OF DEATH

State File No. 26545

BIRTH NO. 186 REG. DIST. NO. 4178 PRIMARY REG. DIST. NO. 5420 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holcomb</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Reelin Rural</u>		RZ
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cochran's Clinic</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Richard</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Chilton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 1949</u>	5.00 P.M.
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>17</u>	8. DATE OF BIRTH <u>Feb. 6 1946</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS* OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Leo Chilton</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Lohman</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Leo Chilton</u>		ADDRESS <u>Reelin Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral meningitis</u>	ANTECEDENT CAUSES			DUE TO (b) <u>Feb. 1949</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.			3401	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	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) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>June 17</u> , 1949, to <u>6/19</u> , 1949, that I last saw the deceased alive on <u>6/18</u> , 1949, and that death occurred at <u>6 a.m.</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>John E. Cochran</u> (Degree or title) <u>DO</u>			23b. ADDRESS <u>Holcomb Mo</u>		23c. DATE SIGNED <u>6/26/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 20, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Browns Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Brosley Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-16-49</u>	REGISTRAR'S SIGNATURE <u>J. Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Landes</u>	ADDRESS <u>Funeral Home Campbell, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 19

District Health Office No.

District File Number 849-83

Date Filed

**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 *Not Embalmed* \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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