

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

43415

State File No. _____

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>336</u> | | PRIMARY REG. DIST. NO. <u>6128</u> | | Registrar's No. <u>42</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Shannon</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Eminence</u> | | c. LENGTH OF STAY (in this place) <u>73 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Eminence, Mo.</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I</u> | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> | | b. (Middle) <u>Oscar</u> | | c. (Last) <u>Chilton</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 12-49</u> | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Sept 26, 1876</u> | |
| | | | | 9. AGE (In years last birthday) <u>73</u> | | IF UNDER 1 YEAR Months <u>1</u> Days <u>16</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Shannon Co. Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>James Chilton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Depriest</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rebecca Chilton</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'S SIGNATURE OR NAME ADDRESS <u>Rebecca Chilton Eminence, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia</u> ANTECEDENT CAUSES <u>None known</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>-</u> Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1-1/2 yrs</u> <u>2044</u> | |
| 19a. DATE OF OPERATION <u>None</u> | | 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) | | 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>May 5</u> , 19 <u>49</u> , to <u>Nov 7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 7</u> , 19 <u>49</u> , and that death occurred at <u>7 8</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>W. T. Eedy, M.D.</u> | | | | 23b. ADDRESS <u>Eminence, Missouri</u> | | 23c. DATE SIGNED <u>11-18-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov 14-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Summers</u> | | 24d. LOCATION (City, town, or county) (State) <u>Eminence, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>12-22-49</u> | | REGISTRAR'S SIGNATURE <u>B. B. ...</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Duncan Funeral Home Mtn View, Mo.</u> | | | |

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

RECEIVED

12/14/49

District Health Officer No. 5,

District File Number 1249791

Date Filed 12/17/49

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed

Joe S. Duncan

Licensed Embalmer No. 4325

P. O. Address West View 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 this body is not embalmed, fact should be so stated above.