.S. No. 300
EV. 10.48

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

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15581

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4493 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY: Shannon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Birch Tree, Mo
c. LENGTH OF STAY (In this place): 21 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shannon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Birch Tree, Mo 1010
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): W
c. (Last): Chilton

4. DATE OF DEATH (Month) (Day) (Year): Mch. 3 1950

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Feb. 3 1894
9. AGE (In years last birthday): 56 — 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): Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY: 2
11. BIRTHPLACE (State or foreign country): Eminence, Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Chilton
13b. MOTHER'S MAIDEN NAME: Mary Smith
14. NAME OF HUSBAND OR WIFE: Dora Chilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH: 30 Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) acute indigestion
DUE TO (c) Improper diet

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4202

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mch 3, 1950, *to* Mch 3, 1950, *that I last saw the deceased alive on* Mch 3, 1950, *and that death occurred at* 9:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Davis M.D.
23b. ADDRESS: Birch Tree Mo
23c. DATE SIGNED: 3/9-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 5-50
24c. NAME OF CEMETERY OR CREMATORY: Alley Cem
24d. LOCATION (City, town, or county) (State): Alley Spgs, Mo

DATE REC'D BY LOCAL REG.: 4-17-50
REGISTRAR'S SIGNATURE: [illegible] 306
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Duncan Funeral Home Mtn View, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-19-50
District Health Officer No. 5,
District File Number 4-50 244
Date Filed 4-20-50

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 Joe B. Duncan

Licensed Embalmer No. 4328

P. O. Address Mt 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.