

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 21 1951

State File No. 26653

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

BIRTH NO. _____		REG. DIST. NO. <u>121</u>		PRIMARY REG. DIST. NO. <u>4200</u>		Registrar's No. <u>21</u>		
1. PLACE OF DEATH a. COUNTY <u>Greene</u> <u>0390</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove</u>			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove</u> <u>0390</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAUDIA</u>			b. (Middle) _____		c. (Last) <u>CHILCUTT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 11, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>January 22, 1864</u>		9. AGE (In years last birthday) <u>87</u>	<u>6</u> MONTHS	<u>19</u> DAYS	
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>HOME</u>		11. BIRTH PLACE (State or foreign country) <u>Ky 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>CHRISTOPHER PITMAN</u>			13b. MOTHER'S MAIDEN NAME <u>REBECCA ADAMS</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES LEE CHILCUTT</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 <u>CHRIS CHILCUTT</u>		ADDRESS <u>ASH GROVE MO.</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) <u>4201</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Aug 7</u> , 19 <u>51</u> , to <u>Aug 11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug 11</u> , 19 <u>51</u> , and that death occurred at <u>7:00 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>G. F. Steegen DO</u>				23b. ADDRESS <u>Ash Grove Mo</u>		23c. DATE SIGNED <u>8/13/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/13/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ASH GROVE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Ash Grove Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8/18/51</u>		REGISTRAR'S SIGNATURE <u>Drene H. Wilcox</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>PRIM FUNERAL HOME</u>		ADDRESS <u>Ash Grove Mo.</u>		

RECEIVED

Greene County Health Office,

County File Number 51-8-54

Date Filed 8-20-51

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 Walter D. Dobbelt

Licensed Embalmer No. 4005

P. O. Address Chil. Grove, 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.