

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41324

State File No. _____

FILED DEC 15 1952

| | | | | | | | | |
|---|--|---|---|---|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>372</u> | | PRIMARY REG. DIST. NO. <u>4516</u> | | Registrar's No. <u>104</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Taney</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Forsyth</u> | | c. LENGTH OF STAY (In this place) <u>5 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Forsyth</u> | | 1068 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home Forsyth</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Forsyth</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u> b. (Middle) <u>Enzor</u> c. (Last) <u>Chilcote</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 12, 1952</u> | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>MAR 18, 1896</u> | | |
| 9. AGE (In years last birthday) <u>56</u> | | IF UNDER 1 YEAR Months <u>7</u> Days <u>24</u> | | IF UNDER 4 HRS. Hours <u></u> Min. <u></u> | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Resort operator</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Tourist</u> | | 11. BIRTHPLACE (State or foreign country) <u>WISCONSIN</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Willard E. Chilcote</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Lula Sunderlin Leah Chilcote</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Mrs Leah Chilcote Forsyth Mo</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>Mrs Leah Chilcote Forsyth Mo</u> 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) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion.</u> DUE TO (c) _____ 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 <u>4201</u> | | | | | 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) | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>Joseph H. Brown M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Banner Mo</u> | | 23c. DATE SIGNED <u>Nov 26 '52</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov 15, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Memorial Park, Banner Mo</u> | | 24d. LOCATION (City, town, or county) (State) <u>Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>12-9-52</u> | | REGISTRAR'S SIGNATURE <u>J E Cogswell</u> 376 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph Samuel Bone</u> ADDRESS <u>Forsyth Mo</u> | | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—1060

FEB 24 1953

JAN 13 1953

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 S Cobb

Licensed Embalmer No. 4731

P. O. Address Lawyer, 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.