

## THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

State File No. 2943  
0493

FILED JAN 28 1953

318

1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis</b> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Malden</b> TOWN <b>0350</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Route 1</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Andy</b> b. (Middle) c. (Last) <b>Chilton</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-15--1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6--23--1892</b>
9. AGE (In years last birthday) <b>60</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Des Arc, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Joseph Chilton</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Pearl Chilton</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Tom Amos, Ferguson, Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia - Renal failure</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hyper nephroma</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>1-1-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Hyper nephroma</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <b>180x</b>		22. I hereby certify that I attended the deceased from <b>1-2, 1953</b> to <b>1-14, 1953</b> , that I last saw the deceased alive on <b>1-14, 1953</b> , and that death occurred at <b>2:30 A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>R. K. Weaver</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>40 N. Florissant</b>	
23c. DATE SIGNED <b>1-15-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
24b. DATE <b>1--17--53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mountain View Cemetery Des Arc, Missouri</b>	
24d. LOCATION (City, town, or county) (State) <b>Des Arc, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>White Chapel, Ferguson, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 16 1953</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

Licensed Embalmer No. 3403

P. O. Address Jennings 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.