

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31649

FILED SEP 28 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Iron</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> <u>IRON</u> COUNTY		
b. CITY OR TOWN <u>Pilot Knob</u>		c. LENGTH OF STAY (In this place) <u>8 yrs.</u>	c. CITY OR TOWN <u>Pilot Knob</u>		0470
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>THOMAS</u>			b. (Middle)		c. (Last) <u>CHILTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 16 1953</u>		
---	--	--	-------------	--	--------------------------	---	--	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>	8. DATE OF BIRTH <u>April 18 1875</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>25</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>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Des Arc Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	-----------------------------------	--	--	---

13a. FATHER'S NAME <u>Joseph Chilton</u>		13b. MOTHER'S MAIDEN NAME <u>Rachael Wind</u>		14. NAME OF HUSBAND OR WIFE <u>Lizzie V. Chilton</u>	
--	--	---	--	--	--

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 <u>Charles Chilton, Lesterville 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Appolately</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</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		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 1-1-1930 to Sept 16, 1953, that I last saw the deceased alive on Sept 15, 1953 and that death occurred at 8-40A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Das W. Huffman</u> (Degree or title)		23b. ADDRESS <u>Bismarck Mo</u>	23c. DATE SIGNED <u>Sept 17-53</u>
--	--	---------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-18-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Des Arc Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Des Arc Missouri</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>9-24-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u> ADDRESS <u>Ironton Mo.</u>
---	--	---

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

0470

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 Richard J. White

Licensed Embalmer No. 3012

P. O. Address Quinton, 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.