

STANDARD CERTIFICATE OF DEATH

State File No. **10898**

BIRTH NO. FILED **APR 14 1954** REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6128** Registrar's No. **180**

1. PLACE OF DEATH a. COUNTY Shannon			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shannon		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence		c. LENGTH OF STAY (in this place) 45 Yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			d. STREET ADDRESS (If rural, give location) 1010		

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Powell c. (Last) CHILTON			4. DATE OF DEATH (Month) (Day) (Year) April 3, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 26, 1884		9. AGE (In years last birthday) Months Days 69 6 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Perry Powell		13b. MOTHER'S MAIDEN NAME Sarah C. Williams		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. - -	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chet Blackburn, Eminence, Mo.			
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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) Metastatic Carcinoma from pancreas & gallbladder INTERVAL BETWEEN ONSET AND DEATH 8 M.			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 157X			
	II. OTHER SIGNIFICANT CONDITIONS - "3" Conditions contributing to the death but not related to the disease or condition causing death. Surgery for C.A. etc.			

19a. DATE OF OPERATION Aug 1953	19b. MAJOR FINDINGS OF OPERATION CA. head of Pancreas			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	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 **Sept**, 19**53**, to **4-3-54**, 19**54**, that I last saw the deceased alive on **4-3-**, 19**54**, and that death occurred at **9:25 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Orpheus F. Wilson D.O.		23b. ADDRESS Eminence, Mo.		23c. DATE SIGNED 4-5-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-6-54	24c. NAME OF CEMETERY OR CREMATORY Chilton Cemetery	24d. LOCATION (City, town, or county) (State) Eminence, Mo.		
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DATE REC'D BY LOCAL REG. 4-12-54	REGISTRAR'S SIGNATURE Mabel Raelin 447		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Burns Funeral Home, Willow Springs, Mo.		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1010

1010

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 *Fred W. Barnes*
Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.