

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4042

FILED MAR 3 1955

State File No. _____
Registrar's No. 191

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 191		
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>				
b. CITY OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY OR TOWN <u>Fremont</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Poplar Bluff Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>Gen Delivery 0180 1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u> b. (Middle) <u>Lee</u> c. (Last) <u>CHilton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 3 1955</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Dec 29 1897</u>		
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>4</u>		IF UNDER 1 HRS. Hours <u></u> Min. <u></u>				
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 _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Carter County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albert Harmon</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Smelser</u>			14. NAME OF HUSBAND OR WIFE <u>Rosco CHilton</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rosco CHilton, Fremont 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(non specific)</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) <u>492X</u>				
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 <u>1-21</u> , 19 <u>55</u> , to <u>2-3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-3</u> , 19 <u>55</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Frank A. Danell M.D.</u> (Degree or title)				23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>2-4-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-6-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DRY VALLEY 489</u>		24d. LOCATION (City, town, or county) (State) <u>Carter Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>2/25/55</u>		REGISTRAR'S SIGNATURE <u>W. W. Minnettes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Colman M. Grogan, 240 W. 10th St. Mo</u>				

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

RECEIVED
FEB 28 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____
Signature of Student Embalmer

Signed Allen C. M. Anderson

Licensed Embalmer No. 484

P. O. Address Van Buren

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.