

FILED FEB 14 1956 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

2446

State File No.

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6030 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>RURAL - Webb Twp.</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Transit</u>		e. STREET ADDRESS (If rural, give location) <u>3118th So. 7th St. Louis 12, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hy vi - 14th N. North Van Buren</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DALE</u> b. (Middle) <u>C.</u> c. (Last) <u>CHILTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 28, 1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>June 21, 1923</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HRS. Hours <u>7</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHAUFFEUR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Transport</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Carter County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES W. CHILTON</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Belle Asbrook</u>	14. NAME OF HUSBAND OR WIFE <u>Melba CHILTON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) (If yes, give war or date of service) <u>yes WW II</u>	16. SOCIAL SECURITY NO. <u>499-12-0444</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Melba Chilton</u>	ADDRESS <u>3118th So. 7th St. Louis 12, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRACTURED SKULL</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>BROKEN NECK</u> DUE TO (c) <u>INTERNAL INJURIES</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Auto Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hy vi 14th N. Van Buren</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Webb Twp</u> (COUNTY) <u>Reynolds</u> (STATE) <u>MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JAN 28 1956 2:10^{PM}</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>
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22. I hereby certify that I attended the deceased from DEAD ON ARRIVAL, 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles A. Tinsley, M.D., M.P.H.</u>	23b. ADDRESS _____	23c. DATE SIGNED <u>1-28-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-1-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DRY VALLEY Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carter County MO</u>
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DATE REC'D BY LOCAL REG. <u>1-28-56</u>	REGISTRAR'S SIGNATURE <u>Essie Evans</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>William McSpadden</u>	ADDRESS <u>Van Buren, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 2-8-56

Reynolds County Health

File No. 256 - 9

FEB 14 1956

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. McQueen*

Licensed Embalmer No. 454

P. O. Address The Burrell

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.