

FILED MAR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8390

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>4087</u>		Registrar's No. <u>16</u>		
1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>		c. CITY OR TOWN <u>Van Buren</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				e. STREET ADDRESS (If rural, give location) <u>Gen Delivery</u> D 18° 0				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>			b. (Middle) <u>William</u>		c. (Last) <u>CHILTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 19 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Jan 21, 1873</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>28</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Reynolds County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William M. Chilton</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH E. PIATT</u>		14. NAME OF HUSBAND OR WIFE <u>MARY B. CHILTON</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARY B. CHILTON, VAN BUREN 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						INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>						<u>6 hours</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u>						<u>3 yrs</u>	
	DUE TO (c) <u>and Senility</u>							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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)		4222		
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>June 13, 1941</u> , to <u>Feb 19, 1956</u> , that I last saw the deceased alive on <u>Feb 19, 1956</u> , and that death occurred at <u>11:00 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Frank Pucinski, D.O.</u>				23b. ADDRESS <u>Van Buren Mo.</u>		23c. DATE SIGNED <u>2-21-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-22-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GRASHAM Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>CARTER County, MO.</u>			
DATE REC'D BY LOCAL REG. <u>Mar. 14 - 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs Octa Hanson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Colman McPherson Van Buren, Mo</u>				

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

(Licensed Embalmer's Statement on Reverse Side)

EE

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. McGadden*

Licensed Embalmer No. *454*

P. O. Address *New Bureau*

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.