THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002100
STATE FILE NUMBER

FILED JAN 28 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Hannibal — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Levering Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: Hannibal — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1007 Center — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: JAMES C Middle: CHILTON C, Last: Chilton

4. DATE OF DEATH: Month January Day 11 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: October 22, 1866
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months 2 Days 19 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physcian
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Randolph County Missouri
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME: Christopher Jackson Chilton
13b. MOTHER'S MAIDEN NAME: Martha Ellen Onby
14. NAME OF HUSBAND OR WIFE: Elizabeth Pitts Chilton

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: Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Melano Sarcoma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Tumor of choroid
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): arterio sclerosis — 192x
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1958, to Jan 10-1959 and last saw him alive on January 10-1959 on the date stated above; and to the best of my knowledge, from the causes stated.
Death occurred at

22a. SIGNATURE: Jos H Hardesty (Degree or title) MD
22b. ADDRESS: Hannibal Mo
22c. DATE SIGNED: 1-11-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/13/1959
23c. NAME OF CEMETERY OR CREMATORY: Walnut Grove Cemetery
23d. LOCATION (City, town, or county) (State): Paris Missouri

24. FUNERAL DIRECTOR ADDRESS: T. Crawford Smith, Hannibal Missouri
25. DATE RECD. BY LOCAL REG.: 1/13/59
26. REGISTRAR'S SIGNATURE: Dr Em Lucke By H C Fisher

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED JAN 2 6 1955
MARION CO. HEALTH DEPT.
DATE FILED _____

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 John S. Stone

Licensed Embalmer No. 4540

P. O. Address Hannibal, Missou

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.