I DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED JUN 15 1959

59-017427
STATE FILE NUMBER

Registration District No. 28 Primary Registration District No. [redacted] Registrar's No. 5358

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BRIGHTON, ROUTE 1 — Length of stay in 1b: 50 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: GREENE
c. CITY OR TOWN: BRIGHTON, ROUTE 1 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): None — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: CHARLEY Middle: EDWARD Last: CHILTON

4. DATE OF DEATH Month Day Year: MAY 30, 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec. 31, 1875
9. AGE (last birthday): 83 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and state or country): Topeka, Kansas
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Chilton
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Mrs. Sarah Ella Chilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: J.N. Cross, 1030 West Jackson, Bolivar, Missouri

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): Chronic Bronchiectasis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 May 23, 1959, to May 30, 1959 and last saw her/him alive on May 25, 1959
Death occurred at 9:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. Harrell, M.D.
22b. ADDRESS: Morrisville Mo
22c. DATE SIGNED: 6-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-2-59
23c. NAME OF CEMETERY OR CREMATORY: Mt. Gilead
23d. LOCATION (City, town, or county) (State): Bolivar, Polk, Missouri

24. FUNERAL DIRECTOR ADDRESS: Paul D. Butler, Bolivar, Missouri
25. DATE RECD. BY LOCAL REG.: 6-12-59
26. REGISTRAR'S SIGNATURE: Effie F. Melton

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Paul D Butler

Licensed Embalmer No. 4471

P. O. Address Bolivar,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.