

**FEDERAL BUREAU OF INVESTIGATION
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U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027864

ENDED

Registration District No. 27b Primary Registration District No. 594b Registrar's No. 40

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Phelps</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Meramec</u>		Length of stay in 1b <u>50 yrs.</u>	c. CITY <u>Meramec</u> OR TOWN <u>Jup. Rural</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AT home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <u>←</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ARTIE</u> Middle <u>Chilton</u> Last <u>Chilton</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>6</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-3-1875</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>←</u>	11. BIRTHPLACE (City and state or country) <u>Phelps Co., MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John B. Cox</u>		13b. MOTHER'S MAIDEN NAME <u>KATHN CLARK</u>		14. NAME OF HUSBAND OR WIFE <u>John Chilton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>←</u>		16. SOCIAL SECURITY NO. <u>←</u>	17. INFORMANT Address <u>Poley Chilton (son) St. James, Mo</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial Pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Heart expansion</u>					<u>0 days</u>
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>General arteriosclerosis</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>August 26/60</u> to <u>August 6/60</u> and last saw her <u>live</u> on <u>August 4, 1960</u> Death occurred at <u>4:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>C.V. Hammler M.D.</u>		22b. ADDRESS <u>St. James, Mo</u>		22c. DATE SIGNED <u>8-9/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-9-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Adams Cemetery</u>	23d. LOCATION (City, town, or county) <u>Phelps Co. MO.</u>		
24. FUNERAL DIRECTOR <u>Oral E. Lischler</u>		ADDRESS <u>St James, MO</u>	25. DATE RECD. BY LOCAL REG. <u>8-9-1960</u>	26. REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Embalmed by [unclear]
[unclear]

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 me Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Orrel E. Lickla

Licensed Embalmer No. 354

P.O. Address 27 Jun

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