

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-039383**

**FILED VS OCT 26 1960**

Registration District No. **301** Primary Registration District No. **4450** Registrar's No. **73**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Ripley</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Doniphan</b>		Length of stay in lb <b>50 years</b>		c. CITY OR TOWN <b>Doniphan</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ripley Co. Mem. Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>500 Lafayette</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Ethel</b> Middle <b>Johnston</b> Last <b>Chilton</b>				4. DATE OF DEATH Month <b>October</b> Day <b>17</b> Year <b>1960</b>					
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11-3-1888</b>		9. AGE (last birthday) <b>71</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Public School</b>		11. BIRTHPLACE (City and state or country) <b>Wayne County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Fred M. Johnston</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Ann McFadden</b>			14. NAME OF HUSBAND OR WIFE <b>John B. Chilton</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>496-38-8723</b>		17. INFORMANT <b>Marian Dowdy Doniphan, Missouri</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Anemia</b> DUE TO (b) <b>generalized arteriosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes.</b>								INTERVAL BETWEEN ONSET AND DEATH <b>6 hours.</b> <b>6 years.</b>	
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 _____ a.m. _____ p.m.		Month, Day, Year _____		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 <b>June 1958</b> to <b>october 17, 1960</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>oct 17, 1960</b> Death occurred at <b>7:15 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								22c. DATE SIGNED <b>10/18/60</b>	
22a. SIGNATURE (Degree or title) <b>Frank Johnson M.D.</b>				22b. ADDRESS <b>Doniphan mo</b>				22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Oct. 19, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>		23d. LOCATION (City, town, or county) <b>Piedmont, Missouri</b>		23e. STATE	
24. FUNERAL DIRECTOR <b>Lynn Edwards Doniphan, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>Oct. 19 - 60</b>		26. REGISTRAR'S SIGNATURE <b>Flava Broz</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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. 602  
working under my personal supervision.

Student Ernest Eugene Clary  
Signature of Student Embalmer

Signed John J. Clary

Licensed Embalmer No. 4475

P. O. Address Box 398, 0

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.