

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048559

ED VS JAN 5 1961

Registration District No. ~~4532~~ **329** Primary Registration District No. **4538** Registrar's No. **18**

STATE FILE NUMBER

DECEASED

1. PLACE OF DEATH a. COUNTY Wayne			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Wayne		
b. CITY (If outside corporate limits, give TOWNSHIP only) Piedmont		Length of stay in 1b 2 1/2	c. CITY OR TOWN Piedmont		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 519S Main		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 519S Main		
3. NAME OF DECEASED (Type or print) First Leslie Middle Leona Last Chilton			4. DATE OF DEATH Month Dec , - 8 - 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb 15 1889	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) Carter Co. Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME John Provance		13b. MOTHER'S MAIDEN NAME Martha A. Estes		14. NAME OF HUSBAND OR WIFE Norrett M. Chilton <i>Deceased</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs Minnie Lowery Piedmont, Mo. Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) De compensating heart Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension - arteriosclerosis DUE TO (c) age					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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.					
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 for years to Death and last saw ^{her} _{him} alive on 12/5/60 Death occurred at 11:40p on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) R H Clinie MD			22b. ADDRESS Piedmont, Mo		22c. DATE SIGNED 12-10-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-11-60	23c. NAME OF CEMETERY OR CREMATORY Grisham		23d. LOCATION (City, town, or county) (State) Carter County Mo.	
24. FUNERAL DIRECTOR William Cole ADDRESS Piedmont Mo		25. DATE RECD. BY LOCAL REG. 12/13/60		26. REGISTRAR'S SIGNATURE Sheila Lovelace	

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 Coder Funeral Home, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

William Coder

Licensed Embalmer No. 3728

P. O. Address Reedmont

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.