

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=61-020203**  
STATE FILE NUMBER

Registration District No. 62-58370 Primary Registration District No. 3706258 Registrar's No. 60

AMENDED  
**FILED JUN 8 1961**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>WAYNE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>CALIFORNIA</b> COUNTY											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>STE FRANCIS</b>		Length of stay in 1b		c. CITY OR TOWN <b>OROVILLE</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>HIGHWAY 67+ A Jct.</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2565 HOWSTON</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Middle Last <b>FLORENCE ELIZABETH CHILTON</b>				4. DATE OF DEATH Month Day Year <b>MAY 28 1961</b>											
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>OCT 19 02 58</b>		9. AGE (last birthday) <b>58</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>				11. BIRTHPLACE (City and state or country) <b>MILL SPRING MO U.S.A.</b>				12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME <b>EDWARD WALLACE</b>				13b. MOTHER'S MAIDEN NAME <b>SOFORNIA SMITH</b>				14. NAME OF HUSBAND OR WIFE <b>VIRGIL CHILTON</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				17. INFORMANT Address <b>VIRGIL CHILTON</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>Multiple Lacerations, abrasions and fractures</b> DUE TO (b) <b>and fractures</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>					
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 checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <b>Car &amp; Truck accident</b>											
20c. TIME OF INJURY Hour Month, Day, Year <b>11:10 a.m. May 28, 1961</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 67 + State A</b>				20f. CITY, TOWN, OR LOCATION <b>Near Greenville</b>		COUNTY <b>Wayne</b>		STATE <b>MO.</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>11:10</b> m on the date stated above, and to the best of my knowledge, from the causes stated.															
23a. SIGNATURE (Degree or title) <b>Marvin E. Bouler Coroner Wayne</b>						22b. ADDRESS <b>Piedmont MO</b>				22c. DATE SIGNED <b>May 29-61</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5-29-61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>OROVILLE CALIF.</b>				23d. LOCATION (City, town, or county) (State) <b>OROVILLE CALIF.</b>							
24. FUNERAL DIRECTOR <b>Norman W. Gist Piedmont</b>				25. DATE RECD. BY LOCAL REG. <b>5-28-61</b>		24. REGISTRAR'S SIGNATURE <b>Hettie M. Ward</b>									

1961 8 N117

**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 Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont

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.