# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039668
STATE FILE NUMBER

Registration District No. 737 Primary Registration District No. 3023 Registrar's No. 276

FILED OCT 28 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: HENRY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton — Length of stay in 1b: 26 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): WETZEL HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: CASS
c. CITY OR TOWN: GARDEN CITY — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): DAYTON TWP. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle GREEN Last CHILES
4. DATE OF DEATH: Month OCT. Day 26 Year 1963
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/9/1888
9. AGE (last birthday): 75 — 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: FARMING
11. BIRTHPLACE (City and state or country): HARPER, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: HENRY CHILES
13b. MOTHER'S MAIDEN NAME: KIZZIE HARPER
14. NAME OF HUSBAND OR WIFE: MARY STELLA CHILES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servi[illegible]) No
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Mary Stella Chiles — Address: Garden City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Medullary Paralysis — INTERVAL BETWEEN ONSET AND DEATH: Seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Acute Myocardial Insufficiency — minutes
DUE TO (c): Acute Coronary artery occlusion — minutes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Prostatic obstruction to urinary tract - Pneumothorax - Emphysema

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 10-1-63, to 10-26-63 and last saw her/him alive on 10-26-63
Death occurred at 6:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Clinton L. Glargy DO
22b. ADDRESS: Clinton, Mo.
22c. DATE SIGNED: 10/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: OCT. 28, 1963
23c. NAME OF CEMETERY OR CREMATORY: GARDEN CITY CEMETERY
23d. LOCATION (City, town, or county): GARDEN CITY (State) Missouri

24. FUNERAL DIRECTOR: Atkinson - Hickey — ADDRESS: Garden City, Mo.
25. DATE RECD. BY LOCAL REG.: Oct. 26, 1963
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

Permit Obtained 10-26-63 (MB)

**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 _____ Signed Billy J. Hickey

Signature of Student Embalmer

Licensed Embalmer No. 4685

P. O. Address Gardner City, Mo.

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.