

CERTIFICATE OF DEATH

FILED

JUN 23 1971

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/70

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 300

| | | | |
|--|--|--|--|
| DECEASED—NAME FIRST MIDDLE LAST | | SEX | DATE OF DEATH (MONTH, DAY, YEAR) |
| 1. ANDREW E. CHILTON | | MALE | 6/17/71 |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | AGE—LAST BIRTHDAY (YEARS) MOS. DAYS | DATE OF BIRTH (MONTH, DAY, YEAR) | COUNTY OF DEATH |
| 4. WHITE | 5b. 89 | 6. 10/2/1881 | St FRANCOIS |
| CITY, TOWN, OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | |
| 7b. FARMINGTON | | 11. MINERAL AREA HOSPITAL | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | | CITIZEN OF WHAT COUNTRY | MARRIED, WIDOWED, DIVORCED (SPECIFY) |
| 8. Mo. | | 9. U.S.A. | 10. WIDOWED |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) |
| 12. CARPENTER | | 11. JCI Matilda LaPere-Chilton | |
| RESIDENCE—STATE | COUNTY | CITY, TOWN, OR LOCATION | STREET AND NUMBER |
| 14a. Mo. | 14b. ST FRANCOIS | 14c. FARMINGTON | 14d. 609 W. LIBERTY |
| FATHER—NAME FIRST MIDDLE LAST | | MOTHER—MAIDEN NAME FIRST MIDDLE LAST | |
| 15. JAMES CHILTON | | 16. MINOR KENA CHILTON | |
| INFORMANT—NAME | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | |
| 17b. MRS MYRTLE WALLEN | | 17c. FLAT RIVER, MO. | |
| PART I. DEATH WAS CAUSED BY: | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 18. IMMEDIATE CAUSE | | | |
| (a) Circulatory Failure | | | minutes |
| DUE TO, OR AS A CONSEQUENCE OF: | | | |
| (b) Lobar Pneumonia (recurrent) | | | months. |
| DUE TO, OR AS A CONSEQUENCE OF: | | | |
| (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (10) | | | AUTOPSY (YES OR NO) |
| Arteriosclerotic Heart Disease | | | 19a. no |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | DATE OF INJURY (MONTH, DAY, YEAR) | HOUR | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) |
| 20a. | 20b. | 20c. | 20d. |
| INJURY AT WORK (SPECIFY YES OR NO) | | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) |
| 20a. | 20b. | 20c. | 20d. |
| CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM | | AND LAST SAW HIM/HER ALIVE ON | I DID/DID NOT VIEW THE BODY AFTER DEATH. |
| 21a. Sept 2 1970 TO June 1971 | | 21b. May 4 1971 | 21c. did not |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. | | HOUR OF DEATH | THE DECEDENT WAS PRONOUNCED DEAD |
| 22a. | | 22b. | 22c. |
| CERTIFIER—NAME (TYPE OR PRINT) | | SIGNATURE | DEGREE OR TITLE |
| 23a. M. M. Beck, D. O. | | 23b. M. M. Beck | 23c. D. O. |
| MAILING ADDRESS—CERTIFIER | | STREET OR R.F.D. NO. | CITY OR TOWN |
| 23d. | | 23e. Bismarck, Mo. | 23f. 63624 |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | CEMETERY OR CREMATORY—NAME | LOCATION | STATE |
| 24a. BURIAL | 24b. ANNAPOLIS CEMETERY | 24c. ANNAPOLIS | 24d. Mo. |
| DATE | FUNERAL HOME—NAME AND ADDRESS | (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | |
| 24a. 6/20/71 | 24b. COZEAN FUNERAL HOME FARMINGTON, MO. | 24c. | 24d. |
| FUNERAL DIRECTOR—SIGNATURE | REGISTRAR—SIGNATURE | DATE RECEIVED BY LOCAL REGISTRAR | |
| 25a. C. H. Vogan | 25b. Esther Mathews | 25c. June 19, 1971 | |

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in

PERMANENT BLACK INK.
See handbook for instructions.

#10 & 11 by affidavit of funeral dir. 7-12-71