

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26588

BIRTH NO.		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4192		Registrar's No. 36	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stanberry</u>		c. LENGTH OF STAY (in this place) <u>4</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Skidmore</u>		d. STREET ADDRESS (If rural, give location) <u>94</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Munroe Nursing Home</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Margaret</u>		b. (Middle) <u>Victoria</u>		c. (Last) <u>Billby</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>8-29-1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>WIDOWED</u>	
8. DATE OF BIRTH <u>9-28-1867</u>		9. AGE (in years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if outmoded) <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Racine - Wis.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>		13a. FATHER'S NAME <u>Alexander Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Marion Humphrey</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wm. F. Barber</u>		ADDRESS <u>Ravenwood, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			
19a. DATE OF OPERATION <u>none</u>				19b. MAJOR FINDINGS OF OPERATION <u>none</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>4/11</u> , 19 <u>49</u> , to <u>August 31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>August 29</u> , 19 <u>49</u> , and that death occurred at <u>7:30 Pm.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Robert H. S. Hewitt, M.D.</u>	
23b. ADDRESS <u>Stanberry, Mo.</u>		23c. DATE SIGNED <u>8/31/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-1-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Quitman Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Quitman - Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. M. Johnson</u>		ADDRESS <u>Maryville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 1-49</u>		REGISTRAR'S SIGNATURE <u>Max Edith Childers</u>		430		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. M. Johnson</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 23 1949

SEP 10 1948



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. 326

working under my personal supervision.

Student Wm A. Rich

Student Embalmer

Signed _____

Licensed Embalmer No. 2279

P. O. Address Maryville, 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 this body is not embalmed, fact should be so stated above.