

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34231**

FILED NOV 12 1949

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5598 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Columbus</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Columbus Twp</u>	
c. LENGTH OF STAY (in this place) <u>65 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #1 Centerview</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. #1 Centerview</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #1 Centerview</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>Margaret</u> c. (Last) <u>Billingsley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 30, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>December 28, 1867</u>
9. AGE (In years last birthday) <u>86</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>
11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>John Vandyke</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>
14. NAME OF HUSBAND OR WIFE <u>George W. Billingsley (Dead)</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Billingsley</u> ADDRESS <u>Warrensburg, 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* (a) <u>Carcinoma of eyelid</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1949</u> , to <u>10-30, 1949</u> , that I last saw the deceased alive on <u>Oct 28, 1949</u> , and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. Lee Cooper M.D.</u>		23b. ADDRESS <u>Warrensburg Mo.</u>	
23c. DATE SIGNED <u>10/31/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-1-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Tabor Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Johnson County, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Oct 31, 1949</u>	REGISTRAR'S SIGNATURE <u>Sarannah Hutchfield</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Brumby</u> ADDRESS <u>Warrensburg, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

5100

NOV 7 1949
REGISTRE
JOHNSON COUNTY HEALTH

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 _____

Elmer D. Lippert

Student Embalmer No. 340

working under my personal supervision.

Signed *Elmer D. Lippert*
Student Embalmer

Signed *R. W. Braundinger*

Licensed Embalmer No. 3377

P. O. Address Wausau, Wis.

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.