S. No. 300
10-48

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

FILED NOV 8 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34390

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 359

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Pike 799
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Canton
d. STREET ADDRESS (If rural, give location): 2

3. NAME OF DECEASED (Type or Print)
a. (First) Ella
b. (Middle) C.
c. (Last) Billing

4. DATE OF DEATH (Month) (Day) (Year): October 23, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 10, 1896
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 4, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): New Canton Illinois
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: J.C.Smith J.C.Smith
13b. MOTHER'S MAIDEN NAME: Anna Uppinghause
14. NAME OF HUSBAND OR WIFE: Charles E Billing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Charles E.Billing New Canton Illinois

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sodium Hydroxide Poisoning — INTERVAL BETWEEN ONSET AND DEATH: 1 day

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.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): New Canton Ill
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 10/22, 1949, *to* 10/23, 1949 *that I last saw the deceased alive on* 10/23, 1949 *and that death occurred at* 2:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] D
23b. ADDRESS: 100 Bedway
23c. DATE SIGNED: 10/24/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/25/49
24c. NAME OF CEMETERY OR CREMATORY: Shearer
24d. LOCATION (City, town, or county) (State): New Canton Illinois

DATE REC'D BY LOCAL REG.: Oct 24 1949
REGISTRAR'S SIGNATURE: By W C Frost Deputy
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: James G.Seeley Barry Illinois J&W

(Licensed Embalmer's Statement on Reverse Side)

SMITH'S
FUNERAL HOME

902 Broadway

Hannibal, Mo.

STATEMENT OF CORONER:

Death of Ella Caroline Billing, came to her death, from suicide, by poison, self administered.

W. Crawford Smith

W. Crawford Smith
Coroner Marion County

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 ..... This ody was not embalmed ..... Student Embalmer No. ..... working under my personal supervision.

Signed John S. Ward

Signed ..... Student Embalmer

Licensed Embalmer No. 4570

P. O. Address Hannibal issouri

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.