

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39931

FILED DEC 5 1949

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6162 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE Mo b. COUNTY Stone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ruth Sp. Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Ruth Sp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Ernest		a. (First) Ernest b. (Middle) Burton c. (Last) Billingsley		4. DATE OF DEATH (Month) (Day) (Year) Nov 10 1949	
5. SEX M O	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 24 1876	9. AGE (In years last birthday) 73	10. IF UNDER 1 YEAR Months 7 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Bloomington Ill	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry D Billingsley		13b. MOTHER'S MAIDEN NAME Elsie Tunis	
14. NAME OF HUSBAND OR WIFE Minnie A Billingsley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs Minnie Billingsley		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tachycardia & Mitral Insufficiency ANTECEDENT CAUSES DUE TO (b) Arthritis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 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) m.		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 Oct 29, 1949 to Nov 10, 1949 that I last saw the deceased alive on Nov 10, 1949, and that death occurred at 4:15 P.M., from the causes and on the date stated above.					
23a. SIGNATURE L. S. Shumate M.D.		(Degree or title)		23b. ADDRESS R.E. eds Spring Mo	
23c. DATE SIGNED 11/10/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 13-49	
24c. NAME OF CEMETERY OR CREMATORY Eisenhauer		24d. LOCATION (City, town, or county) Stone		(State) Missouri	
DATE REC'D BY LOCAL REG. Nov 12-49		REGISTRAR'S SIGNATURE Lena Murray - Dep.		317	
25. FUNERAL DIRECTOR'S SIGNATURE Ernest J. Cheatham		ADDRESS Salina Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 21 1949
District Health Office No. 6,
District File Number 1149-1271
Date Filed 11-30-49

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.

Signed _____

Everett J. Cheatham

Signed _____
Student Embalmer

Licensed Embalmer No. 3878

P. O. Address Halena 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.