

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3895

State File No.

27749

No. 300
10.48

790

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

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>6899</u>		Registrar's No. <u>11</u>			
1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>OZARK</u>					
b. CITY OR TOWN <u>Hammond-Maison</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HAMMOND - Maison Twp</u>		d. STREET ADDRESS (If rural, give location) <u>Hammond, Mo. 0770</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ozark Co - Hammond Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Hammond, Mo. 0770</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u>			b. (Middle) <u>MASON</u>		c. (Last) <u>BILLINGSLY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-21-1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>		8. DATE OF BIRTH <u>Dec-11-1898</u>		9. AGE (In years) (Months) (Days) (Year) <u>52 8 10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Ozark Co, Missouri U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Billingsly</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Catherine Cox</u>			14. NAME OF HUSBAND OR WIFE <u>Wife - (Allie) Stevenson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.II</u>			16. SOCIAL SECURITY NO. <u>559-30-9382</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willie Billingsly (Bro) Longren, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart attack</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>about</u> , 19 <u>51</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.								23. DATE SIGNED <u>8-22-51</u>	
23a. SIGNATURE (Degree or title) <u>E.A. Roof, 3 Coroner</u>				23b. ADDRESS <u>Hamisville Mo</u>				23c. DATE SIGNED <u>8-22-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/26/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riggs Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hammond, Ozark Co - Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Aug 28, 1951</u>		REGISTRAR'S SIGNATURE <u>Mae Johnson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Blunkinghead Funeral Home, Missouri</u>		ADDRESS <u>Hamisville</u>			

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED AUG 29 1951

No. 851-1575

8-29-51

SEP 17 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Chester A. Roof

Signed.....
Student Embalmer

Licensed Embalmer No. 3048

P. O. Address Springville 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.