

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12459**
Registrar's No. **36**

MAY 5-1952

BIRTH NO. **4-30-52** REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4153**

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) Lockwood	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Lockwood	0290
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Angeline b. (Middle) c. (Last) Billingsley			4. DATE OF DEATH (Month) (Day) (Year) April 28 1952		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 22 1875	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 3 Day 6	IF UNDER 1 MIN. Hours 6 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Milford Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Thaddens Morehouse		13b. MOTHER'S MAIDEN NAME Laura M. elrose		14. NAME OF HUSBAND OR WIFE James A Billingsley	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James A. Billingsley Lockwood Mo.	
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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)		Coronary thrombosis					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b)			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Arterio Sclerosis			
				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 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 **4-28-1952** to **4-28-1952** that I last saw the deceased alive on **4-28-1952** and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE D. D. Combs, M.D. (Degree or title)		23b. ADDRESS Lockwood Mo		23c. DATE SIGNED 4-29-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-30-52	24c. NAME OF CEMETERY OR CREMATORY Lockwood	24d. LOCATION (City, town, or county) (State) Lockwood Mo.		
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DATE REC'D BY LOCAL REG. 4-30-52		REGISTRAR'S SIGNATURE Geo R. West 790		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.R. Allison Greenfield Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1290
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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 W. R. Allison

Signed.....
Student Embalmer

Licensed Embalmer No. 4404

P. O. Address. Shenfield, Md.

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.