

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23869

State File No.

FILED JUL 20 1953

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 32

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>BENTON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>SALINE</u> | |
| b. CITY: (If outside corporate limits, write RURAL and give town) <u>WARSAW</u> | | c. LENGTH OF STAY (in this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sweetsprings 0719</u> | |
| | | d. STREET ADDRESS (If rural, give location) <u>—</u> | |

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|--|---|---|---------------------------------------|---|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) <u>EVA</u> | b. (Middle) <u>(None)</u> | c. (Last) <u>MULD</u> | <u>July 16, 1953</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>JAN 18, 1873</u> | | 9. AGE (in years last birthday) <u>80</u> if under 1 year: Months <u>5</u> Days <u>28</u> if under 12 hrs. Hours <u>—</u> Min. <u>—</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Morgan Co. Ill. 1</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u> | |
| 13a. FATHER'S NAME <u>H. C. Billings</u> | | 13b. MOTHER'S MAIDEN NAME <u>HARRIET L. Billings</u> | | 14. NAME OF HUSBAND OR WIFE <u>—</u> | |

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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ada Duckworth</u> ADDRESS <u>Warsaw, Mo</u> | |
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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) <u>Senility</u> | | | | <u>UNK</u> | |
| *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) | | | |
| | | DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | <u>Hypertensive Cardio-Vasc. Disease</u> | | <u>OVER 8 YEARS</u> | |
| Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u> | | | | <u>OVER 3 YEARS</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>442 X</u> | 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) 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 Feb. 1950, to 16 July, 1953, that I last saw the deceased alive on 13 July, 1953 and that death occurred at 5 A. m., from the causes and on the date stated above.

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|--|---|---|---|------------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>David Ahlem 0 M.D.</u> | | 23b. ADDRESS <u>WARSAW Mo</u> | | 23c. DATE SIGNED <u>16 July 53</u> | |
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>July 18, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Sweet Spring Saline Co. Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>July 17, 1953</u> | REGISTRAR'S SIGNATURE <u>Jas. J. Logan 23</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reiser</u> | | ADDRESS <u>Warsaw</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

80
1

JUL 23 1953

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.

Student
Student Embalmer

Signed *John F. Reser*
Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.