No. 300
10-48

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1976

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO 3052 Registrar's No. 22

1

1. PLACE OF DEATH
a. COUNTY PETTIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SEDALIA
c. LENGTH OF STAY (in this place) 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 911 East 3rd St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY PETTIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SEDALIA 080-4
d. STREET ADDRESS (If rural, give location) 911 East 3rd St. 0

3. NAME OF DECEASED (Type or Print)
a. (First) SARAH b. (Middle) BELLE c. (Last) BILLINGSLEY

4. DATE OF DEATH (Month) (Day) (Year) Jan 9, 1955

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH March 30, 1865
9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR Months Days — 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 Home
11. BIRTHPLACE (City and State or Foreign Country) Tipton, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles H. McNeal
13b. MOTHER'S MAIDEN NAME Lucina Fowler
14. NAME OF HUSBAND OR WIFE Wm. C. Billinglsey

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 Mrs. A.F. Rugen, Sedalia, Mo. ADDRESS

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) Chronic Myocarditis and Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH 1 Mo

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 4222
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ****

22. *I hereby certify that I attended the deceased from* 26 Dec 1954, *to* 9 Jan, 1955, *that I last saw the deceased alive on* 9 Jan, 1955, *and that death occurred at* 6:55P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Glenn A. Walker D.O.
23b. ADDRESS Sedalia, Missouri
23c. DATE SIGNED 10Jan55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/11/1955
24c. NAME OF CEMETERY OR CREMATORY Olive Branch Cemetery
24d. LOCATION (City, town, or county) (State) Morgan County, Missouri

DATE REC'D BY LOCAL REG. 1/10/55
REGISTRAR'S SIGNATURE Lavina Evonz Deputy 151
FUNERAL DIRECTOR'S SIGNATURE Duane Ewing ADDRESS Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

2

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

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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.