

STANDARD CERTIFICATE OF DEATH

'57 0 277 64
State File No.

FILED SEP 6 1957

3.300
3.48

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

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>5250</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE No. _____ b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural - Brunswick, Wvp.</u>		c. LENGTH OF STAY (In this place) <u>2-Years</u>		c. CITY OR TOWN <u>Brunswick</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1-Mile N. of Brunswick</u>				e. STREET ADDRESS (If rural, give location) <u>1-Mile N. of Brunswick.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u>			b. (Middle) <u>Lewis</u>			c. (Last) <u>Billups</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 30th, 1957</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 11th, 1878</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		IF UNDER 1 YEAR _____	
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>Dirt Farmer</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Pink Billups</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Thomas</u>			14. NAME OF HUSBAND OR WIFE <u>Rosie Lee Billups</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Curtis Billups, Brunswick, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>					<u>5 days</u>
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Cardiovascular disease</u>					<u>2 yrs</u>
		DUE TO (c) <u>Arteriosclerosis</u>					<u>2 yrs</u>
		II. OTHER SIGNIFICANT CONDITIONS					
		<u>Senile Debility</u>					<u>5 yrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					19c. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
20. ACCIDENT SUICIDE HOMICIDE (Specify)		21a. 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>8-27-1957</u> to <u>8-30th, 1957</u> that I last saw the deceased alive on <u>8-30-1957</u> and that death occurred at <u>17:40 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Homer C. Reel, M.D.</u>		23b. ADDRESS <u>124 1/2 East Broadway, Brunswick, Mo.</u>			23c. DATE SIGNED <u>19-3-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 1st, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Keytesville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 5-57</u>		REGISTRAR'S SIGNATURE <u>Mildred Berne</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>H.D. Gwalt</u> ADDRESS <u>Keytesville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *H. O. Law*

Licensed Embalmer No. *391*

P. O. Address *Key West*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**