

No. 300
10-48

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011132
State File No.

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 322

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salt Spring Twp.
c. LENGTH OF STAY (If in hospital or institution, give street address or location) 14 1/2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION Pleasant View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Chariton
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keytesville Twp.
d. STREET ADDRESS (If rural, give location) 3-Miles W. of Keytesville

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) A. c. (Last) Billups 4. DATE OF DEATH (Month) March (Day) 21 (Year) 1958

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH March 30th, 1875 9. AGE (In years last birthday) 82 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) Farmer 10b. KIND OF BUSINESS OR INDUSTRY General Farming 11. BIRTHPLACE (State or foreign country) Chillicothe, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Billups 13b. MOTHER'S MAIDEN NAME Susan Upp 14. NAME OF HUSBAND OR WIFE Daisy Billups

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mrs. B.W. Pearman ADDRESS Keytesville, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bright's Disease
ANTECEDENT CAUSES DUE TO (b) arterio sclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 1 yr
DK

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? 2 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) 446X (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 Jan 2, 1958, to 3/20/58, that I last saw the deceased alive on 2/20, 1958, and that death occurred at 7:40A on 3/20/58, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD 23b. ADDRESS Huntville Mo 23c. DATE SIGNED 3/26/58

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE March 23, 1958 24c. NAME OF CEMETERY OR CREMATORY Dalton Cemetery 24d. LOCATION (City, town, or county) (State) Dalton, Mo.

DATE REC'D BY LOCAL REG. 3-28-1958 REGISTRAR'S SIGNATURE Mary H. Bentley 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Keytesville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

0880
4

420

APR 1 1958

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

H. D. Garrett

Signed.....
Student Embalmer

Licensed Embalmer No. *3046*

P. O. Address *Key West Fla*

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.