

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027953
State File No.

FILED JUL 21 1958

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>6181</u>		Registrar's No. <u>87</u>	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Penn Twp.</u>		c. LENGTH OF STAY (In this place) <u>1 month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Penn Twp.</u> <u>1650</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 2 mi. S. Green Castle</u>				d. STREET ADDRESS (If rural, give location) <u>2 mi. N. Green Castle</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Emma</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Billington</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>10</u>		(Year) <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr. 19, 1910</u>		9. AGE (In years last birthday) <u>48</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>Farm home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Pierce</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Sholly</u>		14. NAME OF HUSBAND OR WIFE <u>Tommy N. Billington</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>T. N. Billington, Green Castle, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> 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 <u>18 months</u> <u>18 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? <u>2</u> 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) (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>Oct 28, 1957</u> , to <u>July 10, 1958</u> , that I last saw the deceased alive on <u>July 9, 1958</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>RO Smith DO 2</u>				23b. ADDRESS <u>Green City, Mo.</u>		23c. DATE SIGNED <u>July 11, 1958</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 12, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Castle Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Green Castle, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-14-58</u>		REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beecher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn E. Fenton, Green City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

5250

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.....

Harold R. Kent

Licensed Embalmer No. *4689*

P. O. Address *Green City, 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.