

t. Health,
& Welfare
s. Public
h Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039188

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 55

Primary Registration District No. 5790

Registrar's No. 92

S. 300
V. 1-57

Standard nomenclature in item 18. No symptoms will be listed.
Cause in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton TWP		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Carrollton #4 R.F.D.
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 0170 7 Miles N.E.
3. NAME OF DECEASED (Type or print) First Joseph Middle Elmer Last Billups		4. DATE OF DEATH Month Nov Day 20 Year 1958	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 15 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 75
11. BIRTHPLACE (City and state or country) Warsaw Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Socratis Billups		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Never Married		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT George Billups (Carrollton R.F.D.)	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infirmities of old age		INTERVAL BETWEEN ONSET AND DEATH ?	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 794X	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Jan. 1/58 to Nov. 20/58 last saw him alive on Nov. 20/58 Death occurred Jan. 30/58 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Walter W. Carrington		22b. ADDRESS Carrollton Mo	
22c. DATE SIGNED Nov 29 58		22d. REGISTER'S SIGNATURE Ms Herbert Calver	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-22-58	
23c. NAME OF CEMETERY OR CREMATORY Wakenda Cemetery		23d. LOCATION (City, town, or county) (State) East of Carrollton Mo.	
24. FUNERAL DIRECTOR Marshall Funeral Home		25. DATE RECD. BY LOCAL REG. 12/2/58	

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 P. M. Marshall - SR

Licensed Embalmer No. 2525
P. O. Address Carrollton

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.