

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000003

STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Kirksville</u>		c. CITY OR TOWN <u>Greentop</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Institution Kirksville Osteopathic 2da.</u>		d. STREET ADDRESS (If outside, give location) <u>R. F. D. 3</u>	
3. NAME OF DECEASED (Type or print) <u>LULU ALPHA BILLINGTON</u>		4. DATE OF DEATH <u>Jan. 7 1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	8. DATE OF BIRTH <u>Aug. 15 1907</u>	9. AGE (In years last birthday) <u>51</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Scotland Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13. FATHER'S NAME <u>Virgil Blaine</u>	
14. MOTHER'S MAIDEN NAME <u>Mary E. Tremane</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>488-18-5698</u>		17. INFORMANT <u>Margie Shumaker, Greentop, R. 3, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO (b) <u>Bilateral hydronephrosis unknown</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Anemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
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		20g. STATE	
21. I attended the deceased from <u>July 1957</u> to <u>Jan 7, 1959</u> and last saw her alive on <u>Jan. 6, 1959</u> Death occurred at <u>6:20</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Georgette Schauer, D.O., Kirkville, Mo.</u>		22b. ADDRESS <u>Kirkville, Mo.</u>	
22c. DATE SIGNED <u>Jan 8, 1959</u>		23. NAME OF CEMETERY OR BURIAL PLACE <u>Bible Grove</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/10/59</u>	
23c. LOCATION (City, town, or county) <u>Bible Grove, Scotland, Mo.</u>		23d. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Novak Foster</u>		25. DATE RECD. BY LOCAL REG. <u>1-9-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Doris W. Pateff</u>		27. ADDRESS <u>Kirkville, Mo.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

GEORGE H. SCHEUER, D.O.
MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Nova E. Foster
Nova E. Foster
Licensed Embalmer No. 1742

P. O. Address Kirksville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.