

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-009828

FILED VS MAR 18 1960 25

Registration District No. _____ Primary Registration District No. 4036 Registrar's No. 12

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY Bates									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rich Hill		Length of stay in 1b 3 years		c. CITY OR TOWN Rich Hill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 615 East Olive St			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 615 East Olive St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last JESSE ROBERT BILLINGSLEY				4. DATE OF DEATH Month Day Year March 15 1960									
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/1/78		9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min. 3 13		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer				10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Davis County, Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Jesse Billingsley				13b. MOTHER'S MAIDEN NAME Permelia Robertson				14. NAME OF HUSBAND OR WIFE Lelia Billingsley					
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. 494-40-5242		17. INFORMANT Address Mrs Lelia Billingsley-Rich Hill, Mo							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 3 hrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <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 June 58 to July 19 1960 and last saw him ^{here} alive on July 15 1960 Death occurred at 12:30 on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) James G. Gilbert M.D.				22b. ADDRESS Rich Hill Mo				22c. DATE SIGNED March 1960					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3/17/60		23c. NAME OF CEMETERY OR CREMATORY Rider Cemetery		23d. LOCATION (City, town, or county) (State) Bates County, Missouri							
24. FUNERAL DIRECTOR Booth Funeral Serv-Rich Hill, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 3-17-1960		26. REGISTRAR'S SIGNATURE Mrs. Edna Douglas					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Robert S. Stumbeck

Licensed Embalmer No. 4657

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