# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Rinker

-61-018238

STATE FILE NUMBER

AMENDED

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 87

FILED JUN 6 1961

1. PLACE OF DEATH
a. COUNTY MACON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MACON
Length of stay in 1b 29 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SAMARITAN HOSPITAL
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY SHELBY
c. CITY OR TOWN CLARENCE MO
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) CLARENCE MO
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CARRIE Middle DELILIA Last BILLINGS
4. DATE OF DEATH Month MAY Day 2 Year 1961
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-27-1907
9. AGE (last birthday) 54
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE
11. BIRTHPLACE (City and state or country) SHELBY COUNTY MO
12. CITIZEN OF WHAT COUNTRY US
13a. FATHER'S NAME GEORGE REYNOLDS
13b. MOTHER'S MAIDEN NAME NORA WHILES
14. NAME OF HUSBAND OR WIFE HERMAN BILLINGS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
17. INFORMANT HERMAN BILLINGS Address CLARENCE MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Carcinoma of ovaries — INTERVAL BETWEEN ONSET AND DEATH 8 mo.
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 4-4-61, to 5-2-61 and last saw her/him alive on 5-2-61
Death occurred at 8:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carl T. Rinker M.D. (Degree or title)
22b. ADDRESS Macon, Mo
22c. DATE SIGNED 5-19-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 5-5-61
23c. NAME OF CEMETERY OR CREMATORY MAPLEWOOD CEMETERY
23d. LOCATION (City, town, or county) CLARENCE (State) MO

24. FUNERAL DIRECTOR GREENING
ADDRESS CLARENCE MO
25. DATE RECD. BY LOCAL REG. 5/2/61
26. REGISTRAR'S SIGNATURE Pete McNeely

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

VS JUN 6 1961

**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 Charles V. Freeman

Licensed Embalmer No. 4625

P. O. Address Florence

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.