

MOURNERS DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045656

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 96

FILED JAN 4 1962						
1. PLACE OF DEATH a. COUNTY NEW MADRID			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY NEW MADRID			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PORTAGEVILLE		Length of stay in 1b	c. CITY OR TOWN PORTAGEVILLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FLOYD Middle BILLINGSLY Last			4. DATE OF DEATH Month Dec Day 17 Year 1962			
5. SEX Male	6. COLOR OR RACE Black	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/15/1875	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months 4 Days 2 IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) TENN	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE LIZZIE FARMER BILLINGSLY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN			17. INFORMANT Address LIZZIE BILLINGSLY PORTAGEVILLE, 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) Cerebrovascular Accident					INTERVAL BETWEEN ONSET AND DEATH 2-3 minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic cerebrovascular disease					6-8 years	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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. 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 August 1958 to 12/17/61 and last saw him alive on 12/13/61 Death occurred at 4:45 Pm m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) J. Degradable, M.D.			22b. ADDRESS Portageville, Mo.		22c. DATE SIGNED 12/18/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC 21, 1961	23c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE		23d. LOCATION (City, town, or county) (State) PORTAGEVILLE MO.		
24. FUNERAL DIRECTOR DELISLE FUNERAL HOME		ADDRESS PORTAGEVILLE, MO.	25. DATE RECD. BY LOCAL REG. Dec 19, 1961	26. REGISTRAR'S SIGNATURE Ellen D. L. Miller		

INSTEAD OF

DOCUMENT

SHOULD READ

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 9 1962

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 Joseph A. [Signature]
Licensed Embalmer No. 4481

P. O. Address Polignac

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.