

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-015790

STATE FILE NUMBER

Registration District No. **137**

Primary Registration District No. **4218**

Registrar's No. **136**

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAY 6 1963

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Windsor		c. CITY OR TOWN Green Ridge	
Length of stay in 1b 15 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Peter BILLINGS		4. DATE OF DEATH Month April Day 25 Year 1963	
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 6-26-1896
9. AGE (last birthday) 66		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Rivertown, Iowa		12. CITIZEN OF WHAT COUNTRY U S	

13a. FATHER'S NAME James Thomas Billings		13b. MOTHER'S MAIDEN NAME Dora Goins		14. NAME OF HUSBAND OR WIFE Mrs. Roxie Billings	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War No. 1		16. SOCIAL SECURITY NO. 199-09-4170		17. INFORMANT Mrs. Roxie Billings Green Ridge, 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) Circulatory Collapse DUE TO (b) Total Gastrectomy DUE TO (c) Carcinoma of Stomach		INTERVAL BETWEEN ONSET AND DEATH 1 day 9 days 6 mos	
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 11:30 a.m. p.m. Month, Day, Year 4-9-63		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 Green Ridge	COUNTY Green Ridge	STATE Mo.
21. I attended the deceased from 4-9-63 to 4-25-63 and last saw her alive on 4-25-63 Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE William J. Smith (Deceased or title)	22b. ADDRESS M.D. 103 W. Colt St. Windsor, Mo.	22c. DATE SIGNED 4-26-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 27, 1963	23c. NAME OF CEMETERY OR CREMATORY Green Ridge
23d. LOCATION (City, town, or county) Green Ridge, Mo.		23e. DATE RECD. BY LOCAL REG. 4-29-1963

24. FUNERAL DIRECTOR Glen E. Heck Funeral Home Green Ridge, Mo.	25. REGISTRAR'S SIGNATURE Mildred Bigum
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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MAY 14 1963

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STATEMENT BY LICENSED EMBALMER

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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

Glenn E. Hick

Licensed Embalmer No.

4063

P. O. Address

Green Ridge, 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.