

FILED MAR 22 1949 THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8167

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> c. LENGTH OF STAY (In this place) <u>0</u> <u>28 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Walker Building</u>	

3. NAME OF DECEASED (Type or Print) <u>LUTHER HENRY</u>	a. (First)	b. (Middle)	c. (Last) <u>BILLINGS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 14 1949</u>
---	------------	-------------	---------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July - 8 - 1878</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
--------------------	-------------------------------	---	---	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>County Treasurer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Lamar Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	---

13a. FATHER'S NAME <u>William M. Billings</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Harkless</u>	14. NAME OF HUSBAND OR WIFE <u>Rena Jones Billings</u>
---	--	--

15. WAS DECEASED EVER IN U. S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>499-14-3559</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ms. Don Lusk</u> ADDRESS <u>Silver City new mexico</u>
--	--	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 da</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>2347</u>	

19a. DATE OF OPERATION <u>3-14-49</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
---------------------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 2-2, 1949, to 2-14, 1949, that I last saw the deceased alive on 2-14, 1949, and that death occurred at 12:12 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Walker M.D.</u> (Degree or title)	23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>3-14-49</u>
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 16, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Missouri</u>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>3-16-49</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Wilkerson</u> ADDRESS <u>Clinton Mo</u>
---	---	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 74

District File Number 2-49-263

Date Filed 3-21-49

---

---

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. None

working under my personal supervision.

Signed None.....  
Student Embalmer

Signed Francis Lee Schuber

Licensed Embalmer No. 4513

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.