

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**66 0041008**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 4217 Registrar's No. 306 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Urich</b>		c. CITY OR TOWN <b>Urich</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If outside, give location) <b>none</b>	
3. NAME OF DECEASED (Type or print) <b>Lawrence Clint Billings</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>17</b> Year <b>1966</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-9-1908</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery Store</b>	
11. BIRTHPLACE (City and state or country) <b>Urich, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Edd Billings</b>		13b. MOTHER'S MAIDEN NAME <b>Jessie M. Hereford</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT <b>Wm. Hereford, Kansas City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Unknown Natural Cause</b>			INTERVAL BETWEEN ONSET AND DEATH <b>undetermined</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Gastro-intestinal hemorrhage</b>			"
DUE TO (c) <b>(probable)</b>			
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 <b>unattended</b> to _____ and last saw her/him alive on _____ Death occurred at <b>Monday 10-17-66 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE <b>Richard H. King M.D.</b>		22b. ADDRESS <b>106 S. 3rd Clinton Mo.</b>	
22c. DATE SIGNED <b>10-19-66</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-20-1966</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Urich cemetery</b>	23d. LOCATION (City, town, or county) <b>Urich, Mo.</b>
24. FUNERAL DIRECTOR <b>Snow's Funeral Home, Urich, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct. 19, 66</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Begum</b>

USE BLACK INK OR TYPEWRITER RIBBON

OCF 2 6 1966

This body was not arterialy Embalmed account of conditions existing from being dead several days, <sup>when found,</sup> The remain was placed in a Plastic bag and Packed with Chemicals then Placed in a sealer casket within 3 hours after being found.

Merle D. Brown  
Embl. # 4034  
F.I.L. Lic # 1960

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 \_\_\_\_\_ Signed \_\_\_\_\_  
Signature of Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.

Permit Obtained 10-19-66 (MB)