

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7695

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5251 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Mendon Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Mendon Rural</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Edward</u> c. (Last) <u>Billups</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2/18/49</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2/18/49</u>
9. AGE (In years last birthday) <u>75</u>		10. MONTHS <u>2</u>	11. DAYS <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Mendon Rural</u>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Pink Billups</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Thomas</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <u>Eunett Billups</u>		ADDRESS <u>Mendon Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>terminal</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Hypertension</u> <u>10yrs.</u>	
DUE TO (c) <u>Chronic nephritis</u> <u>10yrs.</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>44-18</u>		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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) m.		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 <u>2/15</u> , 19 <u>49</u> , to <u>2/18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2/18</u> , 19 <u>49</u> , and that death occurred at <u>3 a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A.P. Fowler</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Brunswick Missouri</u>	
23c. DATE SIGNED <u>2/23/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/20/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Powell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Indian Grove</u>	
DATE REC'D BY LOCAL REG. <u>2-23-49</u>		REGISTRAR'S SIGNATURE <u>Richard Boone</u>	
56		25. FUNERAL DIRECTOR'S SIGNATURE <u>L.D. Geipard</u> ADDRESS <u>Mendon Mo</u>	

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

2/9

RECEIVED

District Health Officer No. R

District File Number ~~44~~

Date Recd 4-8-49

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. _____

working under my personal supervision.

Signed _____

A. L. Lipard

Signed _____
Student Embalmer

Licensed Embalmer No. 3976

P. O. Address _____

Mendon 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.