

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34232

BIRTH NO. 167 REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5606 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Route 5</u>)	c. LENGTH OF STAY (In this place) <u>30 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Route 5</u> <i>Jackson Twp</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 Mi NE Holden, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Holden, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Alma</u> c. (Last) <u>Newcomb Billingsley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 7, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 21, 1877</u>	9. AGE (In years) (Last birthday) <u>71-11-17</u> IF UNDER 1 YEAR: Months Days IF UNDER 4 HRS: Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Greencastle, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Cyrus Milton Newcomb</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Crawley</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel W. Billingsley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>--</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Audry Page, daughter, Latour, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>33 1/2</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity 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>Hypertension</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9/28, 1949, to 10/7, 1949, that I last saw the deceased alive on 10/6, 1949, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul Lowell M.D.</u>	23b. ADDRESS <u>Holden Mo.</u>	23c. DATE SIGNED <u>10/8/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-9-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blackwater Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Johnson County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-8-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. S. V. Redford</u> <u>50</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. B. CAST HOLDEN MO.</u> <u>413 West</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed EP Best

Licensed Embalmer No. 4057

P. O. Address Hoboken, N.J.

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.