

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41518

State File No.

FILED JAN 16 1950

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 751

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 township) <u>Warrsburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Columbus</u>	
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #1 Center View</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrsburg Hospital & Clinic</u>			
3. NAME OF DECEASED a. (First) <u>Ruth</u> b. (Middle) <u>Anna</u> c. (Last) <u>Billingsley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-31-49</u>	
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>June 11, 1893</u>
9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
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 <u>Homemaking</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jasper Amer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Decker</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles A. Billingsley</u>			
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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Beatrice Billingsley</u>		ADDRESS <u>Kansas City, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac De-compensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral Heart Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4214</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>12-1</u> , 19 <u>49</u> , to <u>12-31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-31</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Henry A. Kiley, M.D.</u>		23b. ADDRESS <u>Warrsburg Mo.</u>	
23c. DATE SIGNED <u>1-3-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-2-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Taber Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Johnson Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 3, 1950</u>		REGISTRAR'S SIGNATURE <u>Genevieve H. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Warrsburg</u>		ADDRESS <u>Warrsburg, Mo.</u>	

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 _____

Elmo D. Fijolett

Student Embalmer No. 340

working under my personal supervision.

Student *Elmo D. Fijolett*
Student Embalmer

Signed *R. W. Brauning*

Licensed Embalmer No. 3377

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 this body is not embalmed, fact should be so stated above.