

STANDARD CERTIFICATE OF DEATH

20570

State File No.

FILED JUN 27 1951

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5586 Registrar's No. 134

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Marion c. LENGTH OF STAY (If at this place) 30 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION Route #2 Carthage

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Marion 0490
d. STREET ADDRESS (If rural, give location) Rt. #2 Carthage

3. NAME OF DECEASED
a. (First) Charles b. (Middle) Albert c. (Last) BILLINGSLEY

4. DATE OF DEATH (Month) (Day) (Year) June 19, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 20, 1882

9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Spencer Clay Co., Iowa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Samuel Billingsley

13b. MOTHER'S MAIDEN NAME Sarah Helen Carothers

14. NAME OF HUSBAND OR WIFE Bessie Billingsley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie Billingsley ADDRESS Route #2 Carthage, Mo.

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) Myocarditis, Chronic.
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. Asthma, Bronchial

INTERVAL BETWEEN ONSET AND DEATH 8 yrs. 10 yrs.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION 4222

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None

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) None

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1946, to June 20, 1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE George H. Wood, M.D. (Degree or title)

23b. ADDRESS Carthage, Mo.

23c. DATE SIGNED 6-20-1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-22-1951

24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery

24d. LOCATION (City, town, or county) (State) N. W. of Carthage, Mo.

DATE REC'D BY LOCAL REG. 6-21-51

REGISTRAR'S SIGNATURE L.B. Blunt, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.

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

RECEIVED 6-26-51
Jasper County Health Office

County File Number 51/6/521

Date Filed 6-26-51

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

Ray E. Rose

Licensed Embalmer No. 4779

P. O. Address 1208 S. Garrison

Coastage, TN

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.