

FILED JUN 24 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 021778  
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>158</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Chillicothe</u>		c. LENGTH OF STAY (in this place) <u>3 Mos.</u>		c. CITY OR TOWN <u>Wheeling</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Susan's Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>0090</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ESSIE</u>			b. (Middle) _____			c. (Last) <u>BILLINGSLEY</u>	
4. DATE OF DEATH Month <u>June</u> Day <u>5</u> Year <u>1957</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Nov. 6 1880</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Livingston County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William W. Billingsley</u>			13b. MOTHER'S MAIDEN NAME <u>Lottie Edgel</u>			14. NAME OF HUSBAND OR WIFE <u>Never Married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Minnie Billingsley</u>		ADDRESS <u>Wheeling, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL FAILURE</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Squamous Cell Carcinoma</u> DUE TO (c) <u>RT-EYE-MAXILLARY SINUS-PAROTID GLAND.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>  <u>12 mo.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> 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) _____ (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>Feb 16</u> , 19 <u>57</u> , to <u>6-5-</u> , 19 <u>57</u> ; that I last saw the deceased alive on <u>6-5-</u> , 19 <u>57</u> , and that death occurred at <u>8:00p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. W. Matheny D.O.</u>				23b. ADDRESS <u>Chillicothe, Missouri</u>		23c. DATE SIGNED <u>6-6-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 8 '57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wheeling, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-6-57</u>		REGISTRAR'S SIGNATURE <u>Francis B Neil</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>NORMAN FUNERAL HOME; Chillicothe, 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Elton Norman*.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe.....

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.