

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36784**

FILED OCT 21 1957

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 5860 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Big Apple Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Big Apple Township</u>	
c. LENGTH OF STAY (in this place) <u>12 years</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mayme</u> b. (Middle) <u>Lorene</u> c. (Last) <u>Billingsley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 13, 1957</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
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>Domestic</u>		8. DATE OF BIRTH <u>March 6, 1905</u>	
				9. AGE (In years) (Month) (Day) (Min.) <u>52</u> <u>6</u> <u>28</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Sherm, Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Tom Bussell</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Gates</u>		14. NAME OF HUSBAND OR WIFE <u>Ernest 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> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ernest Billingsley, Koshkonong, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>			DUE TO (b) <u>Myocarditis</u>			2 yrs.
ANTECEDENT CAUSES			DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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) <u>4222</u>		
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?		

22. I hereby certify that I attended the deceased from 1-10, 1955, to 10-13, 1957, that I last saw the deceased alive on 10-12, 1957, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John R. Ellison</u> (Degree or title) <u>MD.</u>		23b. ADDRESS <u>Chicago, Mo</u>		23c. DATE SIGNED <u>10-14-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-15-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Koshkonong Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Oregon County, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>10-14-57</u>		REGISTRAR'S SIGNATURE <u>Arthur Wolf</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Arthur Wolf</u>		ADDRESS <u>Chicago, Mo</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 Richard Carter

Licensed Embalmer No. 4516

P. O. Address Hayward

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.