

FILED DEC 2 - 1957

STANDARD CERTIFICATE OF DEATH

40205
STATE FILE NUMBER
Registrar's No. 5255

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Length of stay in lb 8 years	d. STREET ADDRESS (If outside, give location) 2450 WASHINGTON Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RICHARD E. BILLUPS			4. DATE OF DEATH Month Day Year November 7, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH November 7, 1891
9. AGE (In years last birthday) 66		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) unemployed-RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and state or country) Keokuk, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Clyde Billups	
13b. MOTHER'S MAIDEN NAME Katherine Ferguson		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 492 14 84 54	
17. INFORMANT VA Hospital Official Records, K. C. Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral confluent bronchopneumonia DUE TO (b) Remote posterior septal myocardial infarction DUE TO (c) Atheromatous narrowing of coronary arteries PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 4201
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. Attended the deceased from November 6, 1957 to November 7, 1957 Death occurred at 4:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) Neva Marshall		21b. ADDRESS 1034 Prairie Blvd	
21c. DATE SIGNED 11-8-57		21d. STATE KANSAS	
22. BURIAL CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Nov. 12-1957	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
23d. LOCATION (City, town, or county) (State) FORT LEAVENWORTH, KANSAS		24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS	
25. ADDRESS 1331 BRUSH CREEK A.C. Mo.		25. DATE RECD. BY LOCAL REG. 11-9-57	26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Hugh H. Owens



1931

1931

1931

X

1931

1931

years

1931

November 7, 1931

1931

3

1931

1931

November 7, 1931

X

1931

1931

U.S.A.

Keosauqua, Iowa

employed

Katherine Peterson

1931

1931

1931

1931

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

X by me, or by Student Embalmer No.

working under my personal supervision.

Student

Signed

Signature of Student Embalmer

November 7, 1931

Licensed Embalmer No. 4182

P. O. Address K.C. Mo.

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.