RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 19 1960

-60-027517
STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. 5657 Registrar's No. 71

IDED

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canton — Length of stay in 1b 5 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lewis
c. CITY OR TOWN Canton — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 2 Canton — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Alice Middle Florence Last Billups
4. DATE OF DEATH Month Day Year July 14,1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 11-24-1862
9. AGE (last birthday) 97 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Scotland Co.Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Sidney Arnold
13b. MOTHER'S MAIDEN NAME Elizabeth Bechtel
14. NAME OF HUSBAND OR WIFE Wm. D. Billups

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mrs. Obie S. Wilson, Canton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Medullary Failure	Several hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Thrombosis	Two weeks
DUE TO (c)	Atherosclerosis	Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/15/60, to 7/14/60 and last saw her alive on 6/13/60
Death occurred at 7/14/60 9:50AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. A. Schlepphorst, M.D.
22b. ADDRESS 437 Clark St. Canton, Mo.
22c. DATE SIGNED 7/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-16-1960
23c. NAME OF CEMETERY OR CREMATORY Providence Baptist
23d. LOCATION (City, town, or county) (State) Scotland County, Missouri

24. FUNERAL DIRECTOR ADDRESS Earl H. Barkley, Canton, Mo.
25. DATE RECD. BY LOCAL REG. 7-16-60
26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 30 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Earl H. Bailey

Licensed Embalmer No. 2615

P. O. Address Canton,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.