ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-007413
STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. — Registrar's No. 84

FILED APR 3 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Adair
c. CITY OR TOWN Green Castle — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 4 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First James Middle William Last Billington
4. DATE OF DEATH Month March Day 24 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1/23/1883
9. AGE (last birthday) 78 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY General farming
11. BIRTHPLACE (City and state or country) Green Castle, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Thomas Billington
13b. MOTHER'S MAIDEN NAME Elizabeth Wilson
14. NAME OF HUSBAND OR WIFE Ethel O. Billington
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.
17. INFORMANT Address Mrs. Ethel Billington, Green Castle, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Intestines — INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ——
DUE TO (c) ——
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 March 19-1961, to March 24-61 and last saw him alive on March 24-61
Death occurred at 3 p m m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. T. Garrison M.D.
22b. ADDRESS Younger Mo
22c. DATE SIGNED 3-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/26/1961
23c. NAME OF CEMETERY OR CREMATORY Morelock Cemetery
23d. LOCATION (City, town, or county) (State) Adair County, Missouri

24. FUNERAL DIRECTOR ADDRESS Glenn E. Kent & Son, Green City, Mo.
25. DATE RECD. BY LOCAL REG. 3-30-1961
26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

H. T. GARRISON, M.D.

JUN 16 1961

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.