SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=009746

STATE FILE NUMBER

AMENDED

FILED APR 3 1961

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 110

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Length of stay in 1b: 4 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Elizabeth Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Marion
c. CITY OR TOWN: Hannibal — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1417 36th St — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Myrtle Middle: Viola Last: Billings

4. DATE OF DEATH: Month 3 - Day 23 - Year 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 1-14-81

9. AGE (last birthday): 80 — 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): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (City and state or country): Rock Port, Ill.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Harry Ward

13b. MOTHER'S MAIDEN NAME: Sarah Toothacher

14. NAME OF HUSBAND OR WIFE: William Billings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Geo. Billings — Address: Hannibal, 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)	Cerebral vascular accident	27 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease.	2 years
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 Feb 25, 1961, to March 23, 1961 and last saw her/him alive on March 23, 1961
Death occurred at 2:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): X Jm Canella M D M. D.

22b. ADDRESS: 707 Bdwy, Hannibal, Missouri

22c. DATE SIGNED: 3-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3-25-1961

23c. NAME OF CEMETERY OR CREMATORY: Shearer Cemetery

23d. LOCATION (City, town, or county) (State): New Ganton, Ill.

24. FUNERAL DIRECTOR — ADDRESS: Clark Funeral Home- Hannibal, Mo.

25. DATE RECD. BY LOCAL REG.: 3-26-1961

26. REGISTRAR'S SIGNATURE: Dr E M Luck by Lillian M Herman

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Hannibal, 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.