

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17284

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1017

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BERKELEY CITY	c. LENGTH OF STAY (in this place) 4 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BERKELEY CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION LATTY ROAD		d. STREET ADDRESS (If rural, give location) LATTY ROAD #200	

3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) JASPER c. (Last) BILLINGTON			4. DATE OF DEATH (Month) (Day) (Year) May 27 1955		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 27 1887	9. AGE (In years last birthday) 67	F UNDER 1 YEAR Months	F UNDER 1 YEAR Days	F UNDER 1 HR. Hours	F UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CONTRACTOR		10b. KIND OF BUSINESS OR INDUSTRY CONTRACTOR		11. BIRTHPLACE (State or foreign country) FARMINGTON MO		12. CITIZEN OF WHAT COUNTRY USA	
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13a. FATHER'S NAME LAWSON Billington		13b. MOTHER'S MAIDEN NAME MARTHA McCLANAHAN		14. NAME OF HUSBAND OR WIFE Flora K. Billington			
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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. 406-28-7945		17. INFORMANT'S SIGNATURE OR NAME C. J. Billington		ADDRESS BERKELEY CITY	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease 5 yrs DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 min.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) 4200	
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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?	
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22. I hereby certify that I attended the deceased from Jan, 1952 to May 27, 1955, that I last saw the deceased alive on 5-19, 1955, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) M. D. Johnson M. D.		22b. ADDRESS Ferguson MO		22c. DATE SIGNED 5-28-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 5-31-55	24c. NAME OF CEMETERY OR CREMATORY M. LEISANON	24d. LOCATION (City, town, or county) (State) FATTONVILLE MO		
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DATE REC'D BY LOCAL REG. 5/30/55	REGISTRAR'S SIGNATURE Herbert P. Donta, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS EARL ALLEMAN OVERLAND MO		
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Carl S. Kellerman

Licensed Embalmer No. 3501

P. O. Address Orlando 14 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 this body is not embalmed, fact should be so stated above.