

X29484

FILED MAY 14 1942 27413

Primary Registration District No. **3021 4243**

Registrar's No. **12**

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

1. PLACE OF DEATH:
 (a) County **Jasper**
 (b) City or town **Oronogo**
 (c) Name of hospital or institution:
Oronogo 1
 (d) Length of stay: In hospital or institution **25 years**
 In this community **25 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jasper**
 (c) City or town **Oronogo**
 (d) Street No. _____
 (e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME **William Thomas Bilyeu**

MEDICAL CERTIFICATION

3. (b) If veteran, name war **no data** 3. (c) Social Security No. _____

20. DATE OF DEATH: Month **April** day **14th**
 year **1942** hour **12:33** minute **P.** M.

4. Sex **Male** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**

21. I hereby certify that I attended the deceased from **April 12, 1942** to **April 14, 1942**
 that I last saw him alive on **April 14, 1942**
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **Leota Bilyeu** 6. (c) Age of husband or wife if alive **68** years

Immediate cause of death **Coronary occlusion**

7. Birth date of deceased **January 6, 1868**

8. AGE: Years **74** Months **3** Days **8** If less than one day _____ hr. _____ min.

Duration _____
 Due to **followed call on bronchial tubes**

9. Birthplace **Ozark Missouri**

Other conditions (Include pregnancy within 3 months of death) **94a**

10. Usual occupation **Miner or laborer**

PHYSICIAN

11. Industry or business _____

Major findings: Of operations _____
 Of autopsy _____

12. Name **Wyatt Bilyeu**

13. Birthplace **Miller Co. Missouri**

14. Maiden name **Mary Hanks**

15. Birthplace **no data**

16. (a) Informant **Wid. Leota Bilyeu**

(b) Address **Oronogo, Mo.**

17. (a) **Burial** (b) Date thereof **4/16/42**

(c) Place: burial or cremation **Oronogo Cemetery**

18. (a) Signature of funeral director **Wedge Nelson**

(b) Address **Webb City, Missouri**

19. (a) **Apr. 16, 1942** (b) **Mrs. Lillie Eagle**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of work) _____
 (c) Method of injury _____

23. Signature **Mrs. Lillie Eagle** (M. D. or other) **DO.**
 Address **205 W. Main St. Webb City, Mo.** Date signed **4/16/42**

42-4-348

2000 10 10

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.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed CW Hedger
Licensed Embalmer No. 2859
P. O. Address W. B. City

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.