

S. No. 2  
1-8-43  
5-17-39  
P I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40900**

Registration District No. **68** Primary Registration District No. **5267** Registrar's No. **28**

**1. PLACE OF DEATH:**  
 (a) County Christian  
 (b) City or town Spokane Mo  
 (If outside city or town limits, write "RURAL" (and name of township))  
 (c) Name of hospital or institution: Rural Hall  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 1/2 years (Specify whether  
 In this community 2 1/2 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Christian  
 (c) City or town Spokane Mo  
 (If outside city or town limits write "RURAL")  
 (d) Street No. Rural (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Isaac Newton Bilyeu  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Oct. day 18  
 year 1945 hour 6 minute 45 P.M.  
**21. I hereby certify that I attended the deceased from** Oct. 14, 1945, to Oct 18, 1945;  
 that I last saw him alive on Oct. 18, 1945;  
 and that death occurred on the date and hour stated above.

**4. Sex** M **5. Color or race** W  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Laura Bilyeu **6. (c) Age of husband or wife if** 71 years  
 alive \_\_\_\_\_  
**7. Birth date of deceased** Jan. 23 1873  
 (Month) (Day) (Year)

Immediate cause of death Apoplexy, Paralysis Right side Body  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

**8. AGE:** Years 72 Months 8 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions (Include pregnancy, within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**9. Birthplace** Christian County Mo  
 (City, town, or county) (State or foreign country)  
**10. Usual occupation** Farmer

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.  
B30

**11. Industry or business** \_\_\_\_\_  
**12. Name** John Henry Bilyeu  
**13. Birthplace** Mo  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Katherine Hauke  
**15. Birthplace** Mo  
 (City, town, or county) (State or foreign country)

**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? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

**16. (a) Informant** Laura Bilyeu  
 (b) Address Spokane Mo  
**17. (a)** Buried (b) Date thereof Oct. 21 1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Spokane Cemetery

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
**23. Signature** J. B. Chaffin (M. D. or other) \_\_\_\_\_  
 Address Spokane Mo Date signed 11-19-45

**18. (a) Signature of funeral director** T. B. Chaffin  
 (b) Address Spokane Mo  
**19. (a)** Dec 5 1945 (b) Willie Leonard  
 (Date received local registrar) (Registrar's signature)

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

2  
0  
0

1510

RECEIVED

District Health Officer No. 6,

District File Number 1245-1147

Date Filed 12-12-45

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.