

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26407

State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>68</u>		PRIMARY REG. DIST. NO. <u>5267</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Christmtn Ridge, Mo.</u>		c. LENGTH OF STAY (In this place) <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Christmtn Ridge, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural, S. Yellowan Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, Rural</u>				3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Le</u> c. (Last) <u>Bilyeu</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 7 - 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 9 - 1873</u>		9. AGE (In years last birthday) <u>75-yr</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS/ OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Martin Bilyeu</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Hilton</u>	
14. NAME OF HUSBAND OR WIFE <u>Lena Bilyeu</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war/ dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Lena Bilyeu</u> ADDRESS <u>Christmtn Ridge, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, pulmonary</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>vs - ?</u> <u>NO2X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7 Aug, 1949</u> , to <u>7 Aug, 1949</u> , that I last saw the deceased alive on <u>7 Aug, 1949</u> , and that death occurred at <u>7 p. m.</u> , from the cause and on the date stated above.							
23a. SIGNATURE <u>D. Orner D.M.D.</u> (Degree or title)				23b. ADDRESS <u>Ozark, Mo.</u>		23c. DATE SIGNED <u>118 Aug 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 9 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spokane</u>		24d. LOCATION (City, town, or county) (State) <u>Christian County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 23 - 1949</u>		REGISTRAR'S SIGNATURE <u>Luella Leonard</u> <u>59</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. B. Chabbin, Ozark, Mo.</u>			

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

1949
RECEIVED AUG 26 1949
District Health Office No. 6,
District File Number 849-979
Date Filed 8-26-49

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

PH PA
PA
PH PA

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address PH 222 Park Ave.

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.

[Handwritten signature]