

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

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39586

BIRTH NO. _____		REG. DIST. NO. <u>352</u>		PRIMARY REG. DIST. NO. <u>6189</u>		Registrar's No. <u>76</u>			
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Taney</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>rural, Walnut Shade</u>		c. LENGTH OF STAY (in this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural Walnut Shade, Mo</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home, Walnut Shade, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>rural Walnut Shade</u>					
3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u>		a. (First) <u>HENNERSON</u>		c. (Last) <u>BILYEU</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3, 1950</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Sept. 12, 1869</u>			
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>21</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</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>HOSEY BILYEU</u>		13b. MOTHER'S MAIDEN NAME <u>ANGELINE SISSEL</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WILLIE BILYEU</u> ADDRESS <u>Walnut Shade, 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pericious Anemia</u>				ANTECEDENT CAUSES				5 year ago 2900	
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.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>nothing</u>				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) <u>Walnut shade - taney mo</u>					
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? _____					
22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>49</u> , to <u>Nov 3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 1</u> , 19 <u>50</u> , and that death occurred at <u>7 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>P. E. Githens, Jr.</u> (Degree or title)				23b. ADDRESS <u>Brownson</u>		23c. DATE SIGNED <u>Nov 8-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11/5/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>oak ridge cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Walnut Shade, Mo</u>			
DATE REC'D BY LOCAL REG. <u>048-1950</u>		REGISTRAR'S SIGNATURE <u>S. E. Copewell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Cobb</u>		ADDRESS <u>Jarvis, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 14 1950

Dist. File 1150-2324

Date Filc. 11/29/50

NOV 30 1950

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 Walter S Cobb

Licensed Embalmer No. 4731

P. O. Address Jarvis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.