

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1867

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 214 PRIMARY REG. DIST. NO. 5782 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tuscumbia, Rural Osage Twp. life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tuscumbia, Rural, Osage Twp. 06/10	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Arthur	b. (Middle) Alvadore	c. (Last) Bilyeu	4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1951
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Sept. 15, 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Fielding Bilyeu	13b. MOTHER'S MAIDEN NAME Marie Capps	14. NAME OF HUSBAND OR WIFE Laura Jane Bilyeu
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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. 486-18-2483	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura Jane Bilyeu Tuscumbia Route 1 Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchial Pneumonia</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Metastatic Medullary Carcinoma to lungs</i> 2 yrs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1950			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 June, 1949, to Jan 15, 1951, that I last saw the deceased alive on Jan 13, 1951, and that death occurred at 2 p. m., from the causes and on the date stated above.

23a. SIGNATURE M. E. Humphrey (Degree or title) D.O.2.	23b. ADDRESS Tuscumbia, Mo.	23c. DATE SIGNED 1-20-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1	24b. DATE 1/17/51	24c. NAME OF CEMETERY OR CREMATORY Bilyeu Cemetery	24d. LOCATION (City, town, or county) (State) Miller County, Missouri
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DATE REC'D BY LOCAL REG. 2-9-51	REGISTRAR'S SIGNATURE John G. Schwieterma 194	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Hedges Iberia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 24 1951

MILLER COUNTY HEALTH  
DEPARTMENT

MS  
SEP 14 1950

FEB 9 1951

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

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed

*Walter P. Steger*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.