

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38539

State File No. _____

Registrar's No. **5184**

DECEASED **DEC 13 1952**

REG. DIST. NO. **149**

PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY May	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Ponca City	
c. LENGTH OF STAY (In this place) 4 mo.		d. STREET ADDRESS (If rural, give location) 8350	
d. FULL NAME OF HOSPITAL OR INSTITUTION 328 S. Chelsea			
3. NAME OF DECEASED (Type or Print) a. (First) Orville b. (Middle) Alexander c. (Last) Bilbey		4. DATE OF DEATH (Month) (Day) (Year) Nov-25-1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 12-1858
9. AGE (In years last birthday) 93	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and State or Foreign Country) Livingston, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Alexander Bilbey	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Olive Bilbey	
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. —	
17. INFORMANT'S SIGNATURE OR NAME Cora Calvert		ADDRESS 328 S. Chelsea K.C. Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chemical Effusion		INTERVAL BETWEEN ONSET AND DEATH 2 week	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left Ventricular failure		2 week	
DUE TO (c) Chc Myocarditis		Unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Atherosclerosis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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 July 1952 , to Nov 25, 1952 , that I last saw the deceased alive on Nov. 23, 1952 , and that death occurred at 7:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE P. A. Kienberger (Degree or title)		23b. ADDRESS 5242 H 10th	
23c. DATE SIGNED 11-28-52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov. 27-1952	
24c. NAME OF CEMETERY OR CREMATORY Ponca City		24d. LOCATION (City, town, or county) (State) Ponca City, Okla.	
DATE REC'D BY LOCAL REG. 11-28-52		REGISTRAR'S SIGNATURE Gerald Smith	
25. FUNERAL DIRECTOR'S SIGNATURE C. H. Blackman & Son Inc.		ADDRESS H.L. mo.	

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 W. C. Rivine

Licensed Embalmer No. 4879

P. O. Address Kanawha City, W. Va.

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.