S. No. 300
r. 10.48

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

FILED SEP 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31268

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 38

0220 1

1. PLACE OF DEATH
a. COUNTY: Christian
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ozark
c. LENGTH OF STAY (In this place): 10 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo.
b. COUNTY: Christian
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ozark 0220
d. STREET ADDRESS (If rural, give location): ~~Christian~~ 0

3. NAME OF DECEASED (Type or Print)
a. (First): Eliza
b. (Middle): A.
c. (Last): Bilyeu

4. DATE OF DEATH (Month) (Day) (Year): Sept. 7, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 9, 1872
9. AGE (In years last birthday): 81
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Marx Claussen
13b. MOTHER'S MAIDEN NAME: Sarah Tucker
14. NAME OF HUSBAND OR WIFE: Chas. S. Bilyeu

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Zetta Daughtery
ADDRESS: Ozark, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Vascular Hypertension
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 447X
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 1953, *to* Sept 7, 1953, *that I last saw the deceased alive on* Sept 7, 1953, *and that death occurred at* 10:55 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Warren D. Nelson M.D.
23b. ADDRESS: Ozark, Mo.
23c. DATE SIGNED: Sept. 14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 9. 53
24c. NAME OF CEMETERY OR CREMATORY: Hopedale Cemetery
24d. LOCATION (City, town, or county) (State): Christian Co. Missouri

DATE REC'D BY LOCAL REG.: Sep 21 1953
REGISTRAR'S SIGNATURE: Luella Leonard
25. FUNERAL DIRECTOR'S SIGNATURE: J. B. Chaffin
ADDRESS: Ozark, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 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 wi the above constitutes grounds for revocation of license.)

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