

FILED JAN 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40873**

BIRTH NO. **124** REG. DIST. NO. **68** PRIMARY REG. DIST. NO. **5267** Registrar's No. **45**

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

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural. S Galloway)		c. LENGTH OF STAY (In this place) 17 years	c. CITY OR TOWN Chestnut Ridge, Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION Chestnut Ridge Mo		STREET ADDRESS (If rural, give location) Chestnut Ridge Mo	

3. NAME OF DECEASED (Type or Print) Ralph Bilyeu			4. DATE OF DEATH (Month) (Day) (Year) II/29 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 24/1897		9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mo	
13a. FATHER'S NAME Jim Bilyeu			13b. MOTHER'S MAIDEN NAME Francis Gideon		14. NAME OF HUSBAND OR WIFE Mrs Lola Bilyeu

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 ADDRESS Mrs Lola Bilyeu, Chestnut Ridge Mo	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) medullary failure		ANTECEDENT CAUSES Toxemia		2 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral thrombosis		6 days	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) hypertension, arteriosclerosis		DUE TO (c) hypertension, arteriosclerosis		6 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 332X	
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 **11-25, 1956**, to **11-29, 1956**, that I last saw the deceased alive on **11-28, 1956**, and that death occurred at **3:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Harold Shaffer (Degree or title)		23b. ADDRESS Nikayna		23c. DATE SIGNED 12-9-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/1/1956		24c. NAME OF CEMETERY OR CREMATORY Spokane	
24d. LOCATION (City, town, or county) (State) Christian Co Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. B. Chaffin Ozark, Mo			

DATE REC'D BY LOCAL REG. JAN 5-1957		REGISTRAR'S SIGNATURE Loretta Leonard		DATE REC'D BY LOCAL REG. JAN 5-1957	
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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.....
Signature of Student Embalmer

Signed *F. B. Chaffin*.....

Licensed Embalmer No. *2197*

P. O. Address. *Ozark, Mo.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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