

FILED JAN 21 1957

STANDARD CERTIFICATE OF DEATH

State File No. 44755

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Moniteau			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 California		c. LENGTH OF STAY (In this place) 9 hrs	c. CITY OR TOWN Tuscumbia		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Latham Hospital			e. STREET ADDRESS (If rural, give location) 5660		
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Henry c. (Last) Bilyeu			4. DATE OF DEATH (Month) (Day) (Year) 12/29/56		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 17, 1893	9. AGE (In years last birthday) 63	10. UNDER 1 YEAR Months Days 0
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 (City and State or Foreign Country) Tuscumbia, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Fielding Bilyeu		13b. MOTHER'S MAIDEN NAME Maria Capos		14. NAME OF HUSBAND OR WIFE Daisy Bilyeu	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. WW 1 Sept 1917 486 22 6864	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Daisy Bilyeu Tuscumbia, 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) Chronic nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 1 year 3 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 446x				20. AUTOPSY? 2 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) (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 Jan 8, 1957 , to Dec 29, 1956 , that I last saw the deceased alive on Dec 29, 1956 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Kenyon Latham M.D.			23b. ADDRESS California, Mo		23c. DATE SIGNED 1-2-57
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/31/56	24c. NAME OF CEMETERY OR CREMATORY Bilyeu Cemetery	24d. LOCATION (City, town, or county) (State) Tuscumbia, Mo.		
DATE REC'D BY LOCAL REG. 1/4/57	REGISTRAR'S SIGNATURE W. P. Pappay		25. FUNERAL DIRECTOR'S SIGNATURE Hedges Funeral Home		ADDRESS Iberia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 21 1953

1953 9 8 033

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.....
Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, 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.