

Health, Welfare, Public Service  
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 ROAD  
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 MEDICAL CERTIFICATION  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

30645

STATE FILE NUMBER

FILED SEP 5 1957

Registration District No. 369 Primary Registration District No. 6253 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Williamsville</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Williamsville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Williamsville</u>			Length of stay in lb <u>Yrs.</u>	d. STREET ADDRESS <u>Williamsville</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>JOHN LEANDER BILBREY</u>				4. DATE OF DEATH Month <u>8</u> Day <u>8</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-29-1873</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and state or country) <u>Overton, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Campbell Bilbrey</u>		13b. MOTHER'S MAIDEN NAME <u>Kizzie Fleming</u>		14. NAME OF HUSBAND OR-WIFE <u>Ida Bilbrey</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Earl Bilbrey, Poplar Bluff, Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Aspirin poisoning</u> DUE TO (b) <u>Reduced efficiency to bed</u> DUE TO (c) <u>Sensitivity</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>522X</u>						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour <u>  </u> Month, Day, Year a.m. <u>  </u> p.m. <u>  </u>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw <sup>her</sup> him alive on _____ Death occurred at <u>11:45 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Edward M. Bilbrey, M.D.</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>Poplar Bluff, Mo.</u>		22c. DATE SIGNED <u>8/12/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-10-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Duncan Cemetery</u>		23d. LOCATION (City, town, or county) <u>Wayne County, Mo.</u> (State)			
24. FUNERAL DIRECTOR <u>Greer Croy &amp; Fitch, Poplar Bluff, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Mo. Aug. 13, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Hazel Ward</u>			

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  \_\_\_\_\_

Licensed Embalmer No. 4928  
P. O. Address Poplar Bluff

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.