

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039307
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 346

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1215 Jefferson St.		d. STREET ADDRESS (If outside, give location) 1222a Carter St.	
3. NAME OF DECEASED (Type or print) First Middle Last Lloyd David Bilyeu			4. DATE OF DEATH Month Day Year December 3, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 14, 1934
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (City and state or country) Kaiser, Mo.
13a. FATHER'S NAME Denver Preston Bilyeu		13b. MOTHER'S MAIDEN NAME Lizzie Ellen Kaiser	14. NAME OF HUSBAND OR WIFE Bonnie Jean Carico 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. 500-34-4242	17. INFORMANT Address Mrs. Bonnie Bilyeu 1222a Carter J.C., M
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>Circulatory Failure</u> DUE TO (b) <u>Crushed chest</u> DUE TO (c) <u>8800</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>25</u>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) <u>Truck wheels passed over chest</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>7:45 - 12/3/58</u>		20d. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg, etc.) <u>1215 Jefferson Street</u>	
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Jefferson City Cole Mo.</u>	
21. I attended the deceased from Death occurred at <u>8:10 AM</u> to _____ and last saw her/him alive on <u>D.O.A. Street Hosp.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>L. C. Michael Jr.</u>		22b. ADDRESS <u>Jefferson City</u>	22c. DATE SIGNED <u>12/3/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 5, 1958	23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	23d. LOCATION (City, town, or county) (State) Kaiser, Mo.
24. FUNERAL DIRECTOR ADDRESS <u>Victor Buesche</u>		25. DATE RECD. BY LOCAL REG. <u>3 Dec 1958</u>	26. REGISTRAR'S SIGNATURE <u>R. P. Harris, Md-M.R.</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEC 11 1958

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 *Victor Buescher*

Licensed Embalmer No. *3701*
P. O. Address *gemo.*

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.