

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-018048

STATE FILE NUMBER

FILED VS APR 21 1960

347

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Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Stone</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>17 Miles N. E. Of Berryville</b>		Length of stay in 1b	c. CITY OR TOWN <b>Rt. 4, Berryville, Ark</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>17 M. N. E. Of Berryville</b>		Inside Limits No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rt. 4, Berryville, Ark.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Jake</b> Middle <b>Bilyeu</b> Last <b>Bilyeu</b>			4. DATE OF DEATH Month <b>4</b> Day <b>4</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/11/1879</b>	9. AGE (last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Stone County, Missouri USA.</b>	
13a. FATHER'S NAME <b>George W. Bilyeu</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Harp</b>		14. NAME OF HUSBAND OR WIFE <b>Lydia Bilyeu</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Yes</b>		17. INFORMANT Address <b>Rt. 4</b> <b>Lydia Bilyeu, Berryville, Ark.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia Bronchus 10 days</b> <b>Emaciation + Organ's Dist</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 a.m. p.m.	Month, Day, Year				
20d. INJURY OCCURRED WHILE AT WORK <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 <b>3-30-60</b> to <b>4-4-60</b> and last saw her/him alive on <b>3-30-60</b> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>A. L. Carter M.D.</b> (Degree or title)			22b. ADDRESS <b>Berryville, Ark</b>		22c. DATE SIGNED <b>4-8-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/10/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>McCullough Cemetery</b>		23d. LOCATION (City, town, or county) <b>Stone County, Missouri</b> (State)	
24. FUNERAL DIRECTOR <b>Nelson Funeral Home-Berryville</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>April 15-60</b>		26. REGISTRAR'S SIGNATURE <b>Mr. J. E. Brown</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Charles M. Nelson, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles M. Nelson

Licensed Embalmer No. 5

P. O. Address Beaverville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.