

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046850

FILED VS JAN 6 1961

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Registration District No. 4-3-2-4-5488
Primary Registration District No. 42-60
Registrar's No. 42-60

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Jim Henry		Length of stay in 1b Months	c. CITY OR TOWN Iberia
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Resedence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Ida Adeline Bilyeu	4. DATE OF DEATH Month Day Year December 26 1960
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-31-72	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Miller Co., Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME John Jones	13b. MOTHER'S MAIDEN NAME Catherine Sloan	14. NAME OF HUSBAND OR WIFE John Bilyeu (Dec.)
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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. None	17. INFORMANT Clyde Bilyeu Iberia, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 months</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Arteriosclerotic & Hypertensive Heart Disease</i>	<i>Several years</i>
	DUE TO (c)	
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"/> N- <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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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
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21. I attended the deceased from <i>June 1960</i> to <i>12-26-60</i> and last saw her <i>him</i> alive on <i>12-26-60</i> Death occurred at <i>8:00 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>M. E. Humphrey D.D.</i>	22b. ADDRESS <i>Tuscumbia, Mo.</i>	22c. DATE SIGNED <i>12-28-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-28-1960	23c. NAME OF CEMETERY OR CREMATORY Iberia, Cemetery	23d. LOCATION (City, town, or county) (State) Iberia, Missouri
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24. FUNERAL DIRECTOR ADDRESS <i>M. E. Humphrey Funeral Home Iberia, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>12-30-1960</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. H. E. Kallenbach</i>
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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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. G. Humphrey

Licensed Embalmer No. 4772

P. O. Address Abulia, Md

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.