

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-009625

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 6211 Registrar's No. 16

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 10 1962

VS 300
Rev. 4/59

1070
2070

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1290-0

134-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Roubidoux-twp.</u>		c. CITY OR TOWN <u>Roby</u>	
Length of stay in 1b <u>Life</u>		d. STREET ADDRESS (If outside, give location) <u>2 mi SW of Roby Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Otto Enos Bilyeu</u>		4. DATE OF DEATH <u>Feb 10-1962</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-26-1901</u>	
9. AGE (last birthday) <u>60</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming-Dairy</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Miller, Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Clayton Bilyeu</u>		13b. MOTHER'S MAIDEN NAME <u>Olive Berry</u>	
14. NAME OF HUSBAND OR WIFE <u>Clara Bilyeu</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs Clara Bilyeu Roby Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Acute & Extensive Coronary Thrombosis</u>			
DUE TO (b) <u>Arteriosclerotic Coronary Artery Disease</u>			
DUE TO (c) <u>None</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>		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 <u>9/15/49</u> to <u>2/10/62</u> and last saw him alive on <u>2/10/62</u>		Death occurred at <u>11:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>J. J. Durbin, MD</u> (Usual or title)		22b. ADDRESS <u>Houston, Mo</u>	
22c. DATE SIGNED <u>2/12/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-13-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Palace Cem</u>		23d. LOCATION (City, town, or county) <u>Pulaski, Co Mo</u>	
24. FUNERAL DIRECTOR <u>Smith-Ferguson Kicking Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-15-62</u>	
26. REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>			

MAR 8 1962

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 Hubert Ferguson,

Licensed Embalmer No. 39451
P. O. Address Picking, 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.