

FILED JUN 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19846

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 524

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Christian Co</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark, Mo</u>	
c. LENGTH OF STAY (in this place) <u>2 Days</u>		d. STREET ADDRESS (If rural, give location) <u>Ozark Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hos.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u>		b. (Middle) <u>Alice</u>	
		c. (Last) <u>Bilyeu</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June II 1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 6, 1893</u>
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>J T Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Henerietta Roberts</u>	14. NAME OF HUSBAND OR WIFE <u>Harlen 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. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Thelma Crowe, Rogersville Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Contusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture Left Leg distal 1/3</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>7/12/4</u> <u>25</u> <u>2 days</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In front of home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ozark Christian Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-9-51 10:30 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by auto in front of her home</u>	
22. I hereby certify that I attended the deceased from <u>6-9-</u> , 19 <u>51</u> , to <u>6-11-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-11</u> , 19 <u>51</u> , and that death occurred at <u>12:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Thomas E. Ashley M.D.</u> (Degree or title)		23b. ADDRESS <u>500 Halland Building Springfield Mo</u>	23c. DATE SIGNED <u>6-13-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 13, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Cemetry</u>	24d. LOCATION (City, town, or county) (State) <u>Ozark Mo</u>
DATE REC'D BY LOCAL REG. <u>6-13-51</u>	REGISTRAR'S SIGNATURE <u>W E Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. B. Chaffin Ozark, Mo.</u>	

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....  
Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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 this body is not embalmed, fact should be so stated above.