

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1618

State File No.

FILED FEB 1 - 1955

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5655 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Lawrence Co</u> <u>0550</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>Mt Vernon Mo-Rural</u>		c. CITY OR TOWN <u>Ozark Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 weeks</u>		e. STREET ADDRESS (If rural, give location) <u>Ozark Mo</u> <u>0220</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mt Vernon Mo-No. of Mt Vern</u>			

3. NAME OF DECEASED (Type or Print) <u>Diademma Bilyeu</u>			4. DATE OF DEATH <u>Jan. 23 1955</u>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Jan. 23, 1955</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Job Cash</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Caskey</u>	
14. NAME OF HUSBAND OR WIFE _____		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'S SIGNATURE OR NAME <u>Mrs Erma Farthing, Sparta Mo</u>		ADDRESS _____			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>	
ANTECEDENT CAUSES		DUE TO (b) _____		DUE TO (c) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>4/2</u> , 19 <u>53</u> , to <u>4/2</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/2</u> , 19 <u>55</u> , and that death occurred at <u>10:50A</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Berneth Glover</u>		(Degree or title) <u>Wife of Mt Vernon, Mo</u>		23b. ADDRESS _____	
23c. DATE SIGNED <u>1/24/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 25.55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Selmore</u>		24d. LOCATION (City, town, or county) (State) <u>Christian Mo</u>		DATE REC'D BY LOCAL REG. <u>1-25-55</u>	

REGISTRAR'S SIGNATURE <u>Cecil J. ...</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u>		ADDRESS <u>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.....
Signature of Student Embalmer

Signed..... *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address..... *Ozark*

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.