

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37627**

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 128 | | PRIMARY REG. DIST. NO. 2000 | | Registrar's No. 1108 | |
| 1. PLACE OF DEATH a. COUNTY Green | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Green | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR Springfield | | c. LENGTH OF STAY (in this place) 8 Yrs. | | c. CITY OR TOWN Springfield | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) 2638 W. Elm, Springfield, Mo. | | | | e. STREET ADDRESS (If rural, give location) 2638 W. Elm, Springfield, Mo. 03960 | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Ulysses | | b. (Middle) S. | | c. (Last) Bilyeu | |
| 4. DATE OF DEATH | | (Month) | | (Day) | | (Year) | |
| | | Dec 4, | | 1956 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH April 21, 1875 | |
| 9. AGE (In years last birthday) | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME John Henry Bilyeu | | 13b. MOTHER'S MAIDEN NAME Katherine Hanks | | 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) No | | 16. SOCIAL SECURITY NO. ? | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ross Price, 2516 W. Walnut, | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC COR PULMONALE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) BRONCHITIS AND EMPHYSEMA. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTEROSCLEROTIC HEART DISEASE | | | | INTERVAL BETWEEN ONSET AND DEATH SEVERAL YEARS. | |
| 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) | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | |
| | | | | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| | | | | | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 11-17-56 to Dec. 4, 1956 , that I last saw the deceased alive on Dec. 3, 1956 and that death occurred at 11:15 A.M. , from the causes and on the date stated above. | | | | | | | |
| 22a. SIGNATURE Glenn O. T. [Signature] | | | | 22b. ADDRESS M.D. 609 Cherry-Springfield, Mo. | | 23. DATE SIGNED 12-5-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Dec. 7, 56 | | 24c. NAME OF CEMETERY OR CREMATORY Salmore Cemetery | | 24d. LOCATION (City, town, or county) (State) Christian Co, Missouri | |
| DATE REC'D BY LOCAL REG. 12-5-56 | | REGISTRAR'S SIGNATURE Edna Williamson | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. B. Chaffin, Ozark, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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, Ark.*

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.