

Health, Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

25423

FILED JUL 29 1957

STATE FILE NUMBER

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 36-57

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Miller</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tuscumbia rt 1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Tuscumbia</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS <u>Rt 1</u> (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED * (Type or print) <u>Daisy Sarah Bilyeu</u>			First	Middle	Last
4. DATE OF DEATH <u>July 18, 1957</u>			Month	Day	Year
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 6, 1897</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of year, even if retired) <u>housewife</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>George Ahart</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Whitaker</u>		14. NAME OF HUSBAND OR WIFE <u>John H. 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 Address <u>Bobby Bilyeu Tuscumbia, Mo</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>CRUSHING INJURY TO THORAX AND CONTENTS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>AUTOMOBILE ACCIDENT 8230</u>					
DUE TO (c) <u>AUTOMOBILE ACCIDENT 8230</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>32</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>PICKUP TRUCK LEFT ROAD, OVERTURNED, AND DECEASED WAS FOUND UNDER TRUCK.</u>			
20c. TIME OF INJURY <u>9:10 p.m. 7-18-57</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>MILLER COUNTY ROAD</u>		20f. CITY, TOWN, OR LOCATION <u>Miller</u>	COUNTY <u>Miller</u>	STATE <u>MISSOURI</u>
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <u>9:10 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>L. S. Humphreys, D.O. Coroner</u>			22b. ADDRESS <u>Tuscumbia, Mo.</u>		22c. DATE SIGNED <u>7-24-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/21/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bilyeu</u>		23d. LOCATION (City, town, or county) (State) <u>Tuscumbia, Mo</u>	
24. FUNERAL DIRECTOR OR ADDRESS <u>Hedges Funeral Homes Inc</u>			25. DATE RECD. BY LOCAL REG. <u>July 25, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. H. E. Kallenbach</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Color, Calender, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED

JUL 26 '57

Miller County  
Health Department

JUL 30 1957

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 *Walter P. Hedges* .....

Licensed Embalmer No. *4365* .....

P. O. Address *Leeds, 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.