

THE DIVISION OF HEALTH OF MISSOURI
FILED OCT 5 1949 STANDARD CERTIFICATE OF DEATH

31118
State File No.

68 0

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3791 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co Harrison Twp</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>17 Months</u> OR <u>Rural Harrison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>California, MO. H.P. Star Rt.</u>		d. STREET ADDRESS (If rural, give location) <u>California, High Point, Star, Rt.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Richmond</u> c. (Last) <u>Bilyeu</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 22, 1862</u>
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Andrew Bilyeu</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Wyrack</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Blanche M. Porter, California, MO.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> 10 years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4/9/21	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <u>death when first seen</u> 19 <u>to</u> 19 <u>that I last saw the deceased alive on</u> 19 <u>and that death occurred at</u> 5/30 <u>Am.</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>Kerion Latham m.d.</u> (Degree or title)		23b. ADDRESS <u>California, Mo</u>	
23c. DATE SIGNED <u>9-26-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept. 27, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sappington Cemetery California,</u>	
24d. LOCATION (City, town, or county) (State) <u>California, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. R. Bouslin - California</u>	
DATE REC'D BY LOCAL REG. <u>9/28/49</u>		REGISTRAR'S SIGNATURE <u>C. H. Nail</u> 198	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT 3 1949
District Health Officer No. 9,
District File Number

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 Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California

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.