

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5487

0681

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 5796		Registrar's No. 5			
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Moniteau</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>rural Walker</u>		c. LENGTH OF STAY (in this place) <u>0681</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural Walker</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. N.W. of California Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi. N.W. of California, Mo</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>ULRICH</u>			b. (Middle)		c. (Last) <u>BIERI</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 19 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 2, 1872</u>		9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>17</u> IF UNDER 2 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Canton Bern Switzerland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Bieri</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Braekheil</u>			14. NAME OF HUSBAND OR WIFE <u>Sophia L. Paezger</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edwin Bieri</u> ADDRESS <u>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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coloary Mraubosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</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>(20)</u>	
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) <u>Walker Moniteau Mo</u>					
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 <u>Jan 18 1950</u> to <u>Jan 19 1950</u> , that I last saw the deceased alive on <u>Jan 19 1950</u> , and that death occurred at <u>12:15 A.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>S. O. Bieri</u> (Degree or title)				23b. ADDRESS <u>California</u>		23c. DATE SIGNED <u>1/20/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan 21, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-21-50</u>		REGISTRAR'S SIGNATURE <u>H.R. Popejoy</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>A.E. Wilson</u> ADDRESS <u>California Mo.</u>				

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

District File Number _____
District Health Officer No. 9
RECEIVED FEB 20 1950

JUN 10 1950

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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California 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.