

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH12380
State File No. _____

FILED MAY 4 1951

BIRTH NO. _____		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 3024		Registrar's No. 39	
1. PLACE OF DEATH a. COUNTY <u>Lamar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Way.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jayette Mo.</u>		c. LENGTH OF STAY (in this place) <u>8 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>North Kansas City, Mo.</u>		0241	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Free Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1202 E. 23 St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Rachel</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>Biesemeyer</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 24-1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct. 10-1910</u>		9. AGE (In years last birthday) <u>40</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Lamar Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Edmund E. Biesemeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Lucille Overstreet</u>		14. NAME OF HUSBAND OR WIFE <u>Charles E. Biesemeyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>5-14-11-11-11</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles E. Biesemeyer</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma stomach</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. INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>					
19a. DATE OF OPERATION <u>1-13-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma cardia stomach</u>		151 X		20. AUTOPSY? YES ☐ NO ☒	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>51</u> , to <u>April 24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>April 24</u> , 19 <u>51</u> , and that death occurred at <u>3 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. G. Lee</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Jayette Mo.</u>		23c. DATE SIGNED <u>4-25-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 25-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's</u>		24d. LOCATION (City, town, or county) (State) <u>New Franklin Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-25-51</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shells</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. F. Hall</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-2-51 _____

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.

Signed _____

Signed _____

Student Embalmer

Licensed Embalmer No. 3515

P. O. Address New Franklin

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.