

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26572

FILED SEP 15 1951

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>5441</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Third Creek</u> c. LENGTH OF STAY (in this place) <u>lifetime</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bland, Mo. Rt.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Third Creek Twp.</u> d. STREET ADDRESS (If rural, give location) <u>Bland, Mo. Rt.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Henry</u> c. (Last) <u>Biele</u>				4. DATE OF DEATH (Month) <u>Aug.</u> (Day) <u>1</u> (Year) <u>1951</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>July 25, 1881</u>	
9. AGE (In years last birthday) <u>70</u>		10. 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>own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Woollam, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>John Biele</u>			
13b. MOTHER'S MAIDEN NAME <u>Christena Schuenemeyer</u>				14. NAME OF HUSBAND OR WIFE <u>Mrs. Gus Bock</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gus Bock</u>				17. ADDRESS <u>Mt. Sterling, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary thrombosis</u> ANTECEDENT CAUSES Morbidity 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>Advanced arteriosclerosis</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>4/201</u>			
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) _____				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>8-1, 1951</u> , to <u>8-1, 1951</u> , that I last saw the deceased alive on <u>8-1, 1951</u> , and that death occurred at <u>8:15 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Paula Brenner, M.D.</u>				23b. ADDRESS <u>Owensville, Mo.</u>			
23c. DATE SIGNED <u>8-2-51</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>8-3-1951</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>New Woollam, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael H. N. Winter</u>			
DATE REC'D BY LOCAL REG. <u>8/10/51</u>				REGISTRAR'S SIGNATURE <u>Dorothy A. ...</u>			
25. ADDRESS <u>OWENSVILLE</u>				(Licensed Embalmer's Statement on Reverse Side)			

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

RECEIVED

SEP 6 - 1951

DISTRICT HEALTH OFFICE No. 4

File No.

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Malcolm H. H. Winters

Licensed Embalmer No. 3838

P. O. Address QUEENSVILLE

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.