

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4558

State File No.

FILED MAR 5 1952

BIRTH MO.

REG. DIST. NO. 119

PRIMARY REG. DIST. NO. 4193

Registrar's No. 41

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Gasconade | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Gasconade | |
| b. CITY OR TOWN Hermann | | c. CITY OR TOWN Rural-Boeuf Twp 0370 | |
| c. LENGTH OF STAY (in this place) 1 day | | d. STREET ADDRESS (If rural, give location) 3 mi. South of Swiss | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Workman Hospital | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) GEORGE c. (Last) BIEBER | | 4. DATE OF DEATH (Month) (Day) (Year) Feb 20 1952 | |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Feb 27 1870 |
| 9. AGE (In years last birthday) 81 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? US |
| 13a. FATHER'S NAME Reinhold Bieber | 13b. MOTHER'S MAIDEN NAME Charlotte Miller | 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) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME RFD ADDRESS Louvanie Hammelmann, Hermann, Mo | |
| 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) Cerebro vascular accident 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. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 331X | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 2-19-52, 19____, to 2-20-52, 19____, that I last saw the deceased alive on 2-20-52, 19____, and that death occurred at 3:30A m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Carol T. Shaw, M.D. (Degree or title) | | 23b. ADDRESS Hermann, Mo. | 23c. DATE SIGNED 2-21-52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2-24-52 | 24c. NAME OF CEMETERY OR CREMATORY St. John Cemetery | 24d. LOCATION (City, town, or county) (State) Swiss, Mo |
| DATE REC'D BY LOCAL REG. 2/23/52 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS August H. Plummer Hermann, Mo | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.