

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20055

FILED JUL 5 1952

BIRTH NO.		REG. DIST. NO. 117		PRIMARY REG. DIST. NO. 5435		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Boeuf		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Rural Boeuf		0370	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles S. of Swiss, Mo.				d. STREET ADDRESS (If rural, give location) 3 miles S. of Swiss, Mo.			
3. NAME OF DECEASED (Type or Print) Charles		a. (First)		b. (Middle)		c. (Last) Bieber	
4. DATE OF DEATH		(Month) 6		(Day) 14		(Year) 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH May 31 1873	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME John Bieber		13b. MOTHER'S MAIDEN NAME Sarah Miller		14. NAME OF HUSBAND OR WIFE ---			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Z No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Krieffmeyer,		ADDRESS New Haven, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Myocardial Infarction</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6+ years</u> <u>3 min.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		443X	
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>June</u> , 19 <u>46</u> , to <u>March</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>March 16</u> , 19 <u>52</u> , and that death occurred at <u>8:30 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John B. Ryan</u> (Degree or title) 0 MD.				23b. ADDRESS <u>Hermann, Mo.</u>		23c. DATE SIGNED <u>6-16-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 18, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bieber Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>3 miles S. of Swiss, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/17/52</u>		REGISTRAR'S SIGNATURE <u>Hugo H. Bleumer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugo H. Bleumer</u> ADDRESS <u>Hermann, Mo.</u>			

(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.

Student
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.