

S. No. 3007  
v. 10-48

DEC 26 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41838**

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JAN 6 1953

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

BIRTH NO.		REG. DIST. NO. <b>77</b>	PRIMARY REG. DIST. NO. <b>2016</b>	Registrar's No. <b>312</b>
1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Osage</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City</b>		c. LENGTH OF STAY (In this place) <b>21 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Kaelztown 0760</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>Peter</b>	c. (Last) <b>Bisges</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 24 1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 5, 1891</b>	9. AGE (In years last birthday) <b>61</b> IF UNDER 1 YEAR Months <b>7</b> Days <b>19</b> IF UNDER 12 HRS. Hours <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Osage Bend Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Don't know.</b>		13b. MOTHER'S MAIDEN NAME <b>Gertrude Adrian</b>	14. NAME OF HUSBAND OR WIFE <b>Cecilia Bisges</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Cecilia Bisges Kaelztown Mo</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive cardiovascular disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis generalized</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic inflammatory disease of the lungs</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>443X</b>		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)		
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 <b>Nov 1952</b> to <b>Dec 24</b> , 1952, that I last saw the deceased alive on <b>Dec 24</b> , 1952, and that death occurred at <b>3:00 P</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Wesley A Taylor M.D.</b> (Degree or title)		23b. ADDRESS <b>Jefferson City Mo</b>	23c. DATE SIGNED <b>12-26-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>27 Dec 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Boniface Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kaelztown Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Dec 26 1952</b>	REGISTRAR'S SIGNATURE <b>R.P. Harris MD-MR</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Herman H. Strop beta mo</b>		

**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 Herman H. Strop

Licensed Embalmer No. 2924

P. O. Address Meta 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.