

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 30 1953

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>5247</u>		Registrar's No. <u>25</u>		
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salisbury 17 case</u>		c. LENGTH OF STAY (In this place) <u>17 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Chariton 210</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi W. Forest Green</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi N.E. Salisbury Mo</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) <u>HENRIETTE SANDER BIERE</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>MAR 21, 1953</u>		(Month)		(Day)		(Year)		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Nov. 3, 1877</u>		
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 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>Her Home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Germany 4</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>HERMAN SANDER</u>		13b. MOTHER'S MAIDEN NAME <u>HENRIETTE KLEINEBETSE</u>		14. NAME OF HUSBAND OR WIFE <u>Charlie Biere</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Otis Linneman Salisbury Mo</u>		
17. ADDRESS _____			MEDICAL CERTIFICATION					
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.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchiogenic Carcinoma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</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. <u>Arterio Sclerosis</u>				<u>5 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) (Min.)		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 <u>Sept 1952</u> to <u>3-21</u> , 1953, that I last saw the deceased alive on <u>3-21</u> , 1953, and that death occurred at <u>8 P m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. H. Linneman M.D.</u>				23b. ADDRESS <u>Salisbury Mo</u>		23c. DATE SIGNED <u>3-22-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 24, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Forest Green Mo</u>		
DATE REC'D BY LOCAL REG. <u>3/26-53</u>		REGISTRAR'S SIGNATURE <u>W. H. Linneman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>55 Audsley-Friemonth Glasgow Mo</u>		ADDRESS _____		

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

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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

J. Walker Andsley

Licensed Embalmer No. 3336

P. O. Address Glasgow 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.