No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 3 1953

State File No. 12965

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHAFFEE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 418 S. MAIN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHAFFEE 1001
d. STREET ADDRESS (If rural, give location): 418 S. MAIN

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): AGNES
c. (Last): BIENERT

4. DATE OF DEATH (Month) (Day) (Year): 3 26 53

5. SEX: F
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: MAY 10-1863
9. AGE (In years last birthday): 89 — If under 1 year: Months 10 Days 16 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and State or Foreign Country): NEW FLORENCE PENN
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: NATHANIEL MYERS
13b. MOTHER'S MAIDEN NAME: MARGARET RIFFLE
14. NAME OF HUSBAND OR WIFE: GEORGE BIENERT

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: Mrs Russell Bienert Chaffee 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CARDIAC DECOMPENSATION — INTERVAL BETWEEN ONSET AND DEATH: 6 MO.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis, nephrosis — 3 yrs.
DUE TO (c): 442X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: cardiovascular renal disease — 3 yrs?

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: NONE
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NATURAL
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NONE
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): NONE

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.
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* JAN, 1952, *to* MAR 25, 1953 *that I last saw the deceased alive on* MAR 25, 1953, *and that death occurred at* 11:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. J. Mosebach, D.O.
23b. ADDRESS: Chaffee, Mo.
23c. DATE SIGNED: 3-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 3-28-53
24c. NAME OF CEMETERY OR CREMATORY: UNION PARK
24d. LOCATION (City, town, or county) (State): CHAFFEE MO.

DATE REC'D BY LOCAL REG.: 4-1-53
REGISTRAR'S SIGNATURE: Mrs Fred Bragling 445-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Stuth Funeral Home Chaffee Mo
(Licensed Embalmer's Statement on Reverse Side) Em Stuth

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

RECEIVED 4-2-53
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 453-78

APR 21 1953

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 C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau

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.