

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**18696**

State File No. \_\_\_\_\_

**FILED JUN 8 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 200

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<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before institution.)	
a. COUNTY <u>MARION</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>LANNIBAL</u>	a. STATE <u>MO.</u>	b. COUNTY <u>MARION</u>
c. LENGTH OF STAY (in this place) <u>4 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>LANNIBAL</u>	d. STREET ADDRESS (If rural, give location) <u>616 MARKET MAIN AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH HOSPITAL</u>		e. CITY OR TOWN <u>0644</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>NORA</u>	c. (Last) <u>BIER</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>5-22-1953</u>
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<b>5. SEX</b> <u>FEMALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>NOV. 15, 1892</u>	<b>9. AGE</b> (In years last birthday) <u>60</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>LOUISIANA, MO. 0</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>
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<b>13a. FATHER'S NAME</b> <u>EDWARD KANALEV</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>MARY ANN KERN</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>HENRY BIER</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Henry Bier - Lannibal, MO</u>	<b>ADDRESS</b> _____
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 days</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Terminal Bronchial pneumonia</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <u>Chr. Myocarditis, hypertensive</u>		<u>2 mo.</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>443 X</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____
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**22. I hereby certify that I attended the deceased from** 1/1, 1953, to 5/22, 1953, that I last saw the deceased alive on 5/21, 1953, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>M. J. Murphy M.D.</u>	<b>23b. ADDRESS</b> <u>St. Louis, MO</u>	<b>23c. DATE SIGNED</b> <u>5/26/53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u>	<b>24b. DATE</b> <u>5-25-1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>ST. MARKS CEMETERY</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>LANNIBAL, MO.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>5-29-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Dr. R.M. Lucke</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Ralph Clark</u>	<b>ADDRESS</b> <u>Lannibal, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 5 1993  
MARION CO. HEALTH DEPT.  
DATE FILED JUN 5 1993

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 Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Samuel, 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.