

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24633**  
**3068**

FILED JUL 17 1953		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>3068</u>
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Levasy</u> <u>7000</u>		
c. LENGTH OF STAY (In this place) <u>9</u> <u>days</u>		d. STREET ADDRESS (If rural, give location) <u>in town</u> <u>X</u> <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emil</u> b. (Middle) <u>Frederich</u> c. (Last) <u>Bierbaum</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 9 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single-N.M.</u>	8. DATE OF BIRTH <u>Oct. 9. 1878</u>	9. AGE (In years last birthday) <u>74</u> Months <u>8</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm hand</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ferme O'Sage Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Henry Bierbaum</u>		
13b. MOTHER'S MAIDEN NAME <u>Marie Eliza Borgman</u>		14. NAME OF HUSBAND OR WIFE <u>never married</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>486 36 8034</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ella Stoenner Levasy Mo</u>
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) <u>Hypostatic pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pleuritis from ruptured skull bladder</u> DUE TO (c) <u>Cholelithiasis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>  <u>584</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>June 1, 1953</u> , to <u>June 9, 1953</u> that I last saw the deceased alive on <u>June 9, 1953</u> , and that death occurred at <u>1:35 PM</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>L. W. Higgins</u> (Degree or title) <u>DO 2</u>		23b. ADDRESS <u>Buckner Missouri</u>		23c. DATE SIGNED <u>June 10</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 11 '53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Levasy Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Levasy Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Vernon M. Reppert</u> <u>Buckner</u>		
DATE REC'D BY LOCAL REG. <u>6-17-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
L. W. Higgins D.O.

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 O Jones

Licensed Embalmer No. \_\_\_\_\_

4604

P. O. Address \_\_\_\_\_

Buckner

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.