

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28510**
Registrar's No. **4037**

FILED SEP 11 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4037</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) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>47 yrs</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>727 BENNINGTON</u>				e. STREET ADDRESS (If rural, give location) <u>727 BENNINGTON</u> <u>3208</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>			b. (Middle) <u>McCLELLAND</u>		c. (Last) <u>BIESECKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 12, 1953</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 20, 1871</u>	9. AGE (In years last birthday) <u>81</u>	if UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	if UNDER 2 WKS. Hours <u>-</u> Mins. <u>-</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ENGINEER</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CHI. MLWK & ST.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PAUL KNOX COUNTY, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES BIESECKER</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH WELTY</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA B. BIESECKER K.C.M.O.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>*****</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. BERTHA B. BIESECKER K.C.M.O.</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>Cardiac decompensation</u> ANTECEDENT CAUSES DUE TO (b) <u>II. Carcinoma</u> DUE TO (c) <u>arteriosclerosis + senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>H</u> <u>4500</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)		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>1948</u> , to <u>Aug 12, 1953</u> , that I last saw the deceased alive on <u>Aug 12, 1953</u> , and that death occurred at <u>2:10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Galen V. Pilger</u> (Degree or title)				23b. ADDRESS <u>PO 2 6518 Independence Ave</u>		23c. DATE SIGNED <u>8/14/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug-15-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-14-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. H. Blackman & Son Inc. K.C. Mo</u>			

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

OK 4062

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.....
Signature of Student Embalmer

Signed..... Bert B. Bennett

Licensed Embalmer No. 465

P. O. Address Kansas, Co.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.