

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26656

BIRTH NO.		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 67	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. LENGTH OF STAY (In this place township) 10 Years		c. CITY OR TOWN Boonville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION At home 721 Sixth St.				e. STREET ADDRESS (If rural, give location) 721 Sixth St. 0270			
3. NAME OF DECEASED (Type or Print) a. (First) Simon b. (Middle) Frederick c. (Last) Biesemeyer.			4. DATE OF DEATH (Month) August (Day) 8 (Year) 1954				
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 24 1885	9. AGE (In years last birthday) 69	10. MONTHS	11. YEAR	12. HOURS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and State or Foreign Country) Warren County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Earnest Biesemeyer		13b. MOTHER'S MAIDEN NAME Caroline Wessel		14. NAME OF HUSBAND OR WIFE Ottilie Schroer Biesemeyer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Mrs. S. F. Biesemeyer, Boonville, Mo. ADDRESS			
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) CARDIAC ARRHYTHMIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) INFARTION OF THE MYOCARDIUM DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 DAYS NOT KNOWN 20 YEARS	
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 AUG - 6, 1954, to AUG 8, 1954, that I last saw the deceased alive on AUG 8, 1954, and that death occurred at 3:40 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Richard H. ...</i>				23b. ADDRESS 329 Main St., Boonville, Mo.		23c. DATE SIGNED Aug 9, '54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 10/1954		24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant		24d. LOCATION (City, town, or county) - (State) New Franklin, Missouri.	
DATE REC'D BY LOCAL REG. 8/10/54		REGISTRAR'S SIGNATURE <i>Doc Cooper 381</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.			

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

FEB

1956

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 *G. F. Boller*.....

Licensed Embalmer No. *306*.....

P. O. Address *Acruvil*.....

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..