

FILED JUL 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19067

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 227

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>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Butler</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>301 E. Ft. Scott St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitorium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>L.</u> c. (Last) <u>Bierent</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 10, 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 14, 1880</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME <u>Sinech</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Bierent</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Glenn Arzberger</u> ADDRESS <u>2029 Sterling Independence, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Adenocarcinoma of colon with general abdominal metastases and umbilical metastases, with ANTECEDENT CAUSES cecal and bladder fistulae.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>About 6 months</u>
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (c) 153X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Inanition - Cachexia</u>			

19a. DATE OF OPERATION <u>Feb. 24, 1955</u>	19b. MAJOR FINDINGS OF OPERATION <u>Pelvic and appendiceal abscesses Intestinal obstruction.</u>	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 Feb. 14, 1955, to May 10, 1955, that I last saw the deceased alive on May 19, 1955, and that death occurred at 5:05 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold V. Woods, M.D.</u>	23b. ADDRESS <u>Independence Missouri</u>	23c. DATE SIGNED <u>May 12, 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 14 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Culver Underwood Butler, Mo.</u>	

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

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..... *Robert G. Steinbeck*

Licensed Embalmer No. *465*

P. O. Address *Butler, Pa.*

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.