

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

FILED MAR 5 1957

STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI
 STATE FILE NUMBER **5544**
 Registration District No. **210** Primary Registration District No. **4322** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Princeton TOWN		c. CITY Princeton 0650 OR 0 TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Axtell Hospital INSTITUTION		Length of stay in lb 1 wk	
3. NAME OF DECEASED (Type or print) Charles E. Bien		4. DATE OF DEATH 2-27-57	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-16-1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Mercer Co., Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Henry Bien		14. MOTHER'S MAIDEN NAME Gilbert	
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. 488-14-4093	
17. INFORMANT Mrs Mamie Bien		Address Princeton, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure			INTERVAL BETWEEN ONSET AND DEATH 14 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic myocarditis with mitral regurgitation.			12 yrs
DUE TO (c)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 4 23 2 a. m. 2 2 2 p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 4-27-58 to 2-27-57 and last saw her/him alive on 2-27-57 Death occurred at 6:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or print) Wagon J. Axtell D.O.		22b. ADDRESS Princeton, Mo	
22c. DATE SIGNED 3-1-57			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
burial		3-2-57	
23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge		23d. LOCATION (City, town, or county) (State) Mercer Co., Mo	
24. FUNERAL DIRECTOR Noel Moss		25. DATE RECD. BY LOCAL REG. 3-1-57	
ADDRESS Princeton, Mo		26. REGISTRAR'S SIGNATURE Paul [Signature]	

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 *Hall Smith*

Licensed Embalmer No. *26*

P. O. Address *Dunala*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.