

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **34648**

FILED OCT 15 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 6234 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pendleton</b>		c. CITY OR TOWN <b>Pendleton</b>	
c. LENGTH OF STAY (in this place) <b>15 months</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ( <i>Eckhorn Township</i> )		e. STREET ADDRESS (If rural, give location) <b>Warrenton Rural Route #3</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Johannes</b> b. (Middle) _____ c. (Last) <b>Bischoff</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 8, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 16, 1874</b>
9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>22</b>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Warren County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Johan Paul Bischoff</b>		13b. MOTHER'S MAIDEN NAME <b>Paulina Baseler</b>	
14. NAME OF HUSBAND OR WIFE <b>Caecilie Koelln</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Johannes Bischoff, Warrenton, MO.</b>		R.R. <b>3</b> 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) <b>Myocardial Failure</b> INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b> <b>2 yrs.</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Intestinal Cancer</b> <b>1 yr.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>177X</b>	
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 <b>January 1955</b> to <b>Oct. 8, 1957</b> that I last saw the deceased alive on <b>Feb 5, 1957</b> and that death occurred at <b>12:45 p.m.</b> , from the causes and on the date stated above.			
23. SIGNATURE <b>Lloyd Logan</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Warrenton, Mo.</b>	
23c. DATE SIGNED <b>10/9/57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-11-57</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Warrenton, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10-9-57</b>		REGISTRAR'S SIGNATURE <b>Lloyd Logan</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>F.W. Nieburg &amp; Co.,</b>		ADDRESS <b>Warrenton, Mo.</b>	

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

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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 *John J. Lieburg*.....  
Licensed Embalmer No. *389*.....

P. O. Address *Warrenton*.....

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.