

pt. Health  
c., & Wellne  
S. Public  
alth Service

V. S. 300  
ev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DECEASED **DEC 16 1957**  
**STANDARD CERTIFICATE OF DEATH**  
 STATE FILE NUMBER \_\_\_\_\_

Registration District No. 27 Primary Registration District No. 5005 Registrar's No. 134

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Bates</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Butler</b>		c. CITY OR TOWN <b>Butler</b>	
c. FULL NAME OF (If not in hospital or institution) <b>Butler Hospital</b>		d. STREET ADDRESS <b>308 E Jefferson</b>	
<b>3. NAME OF DECEASED</b> (Type or print) <b>Edward Bierent</b>		<b>4. DATE OF DEATH</b> Month <b>Dec</b> Day <b>2</b> Year <b>1957</b>	
<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED</b> <input type="checkbox"/> <b>NEVER MARRIED</b> <input type="checkbox"/> <b>WIDOWED</b> <input checked="" type="checkbox"/> <b>DIVORCED</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>Dec 19 1871</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during life) <b>retired farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>farming</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Germany</b>
<b>13a. FATHER'S NAME</b> <b>John Bierent</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Josephine</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Rosa Bierent (deceased)</b>
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>494 40 2099</b>	<b>17. INFORMANT</b> <b>Bertha Chitwood</b> Address <b>Adrian Missouri</b>
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MYOCARDIAL FAILURE</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>HYPOSTATIC PNEUMONIA</b> DUE TO (c) <b>NEPHRITIS AND SENILITY.</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>SIX DAYS</b> <b>FOUR WEEKS</b>
<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>			<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <b>593X</b>
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> _____ COUNTY _____ STATE _____	
<b>21. I attended the deceased from</b> <u>11-15-57</u> <b>to</b> <u>12-2-57</u> <b>and last saw him alive on</b> <u>12-2-57</u> <b>Death occurred at</b> <u>1:30 PM</u> <b>on the date stated above; and to the best of my knowledge, from the causes stated.</b>			
<b>22a. SIGNATURE</b> <i>Robert E. Beach, D.O.</i>		<b>22b. ADDRESS</b> <b>Butler Missouri</b>	<b>22c. DATE SIGNED</b> <b>12/3/57</b>
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>23b. DATE</b> <b>12/4/57</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Oakhill Cem.</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>Butler Missouri</b>
<b>24. FUNERAL DIRECTOR</b> <b>Culver Underwood</b> ADDRESS <b>Butler Missouri</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>Dec 5-1957</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Randall Kurray</i>

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. Stumber

Licensed Embalmer No. 4657

P. O. Address Budler, Mo.

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.