

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005086

STATE FILE NUMBER

FILED MAR 3 1959 Registration District No. 119 Primary Registration District No. 5443 Registrar's No. 11

0
300
1-57

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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
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROARK TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 6370
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION FRENE VALLEY HOME		Length of stay in 1b 24RS	d. STREET ADDRESS (If outside, give location) 12 mi. S. of HERMANN
3. NAME OF DECEASED (Type or print) First Middle Last Joseph GEORGE BIEBER		4. DATE OF DEATH Month Day Year FEB 20 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY-10-1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY CLAY	9. AGE (In years last birthday) 77
11. BIRTHPLACE (City and state or country) SWISS, MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Adolph BIEBER		13b. MOTHER'S MAIDEN NAME MARY MAHNER	14. NAME OF HUSBAND OR WIFE ANNA BIEBER
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. 493-09-0306	17. INFORMANT Address OLIVER BIEBER ST. LOUIS 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) ARTERIOSCLEROTIC HEART DISEASE WITH DECOMPENSATION			INTERVAL BETWEEN ONSET AND DEATH 5 YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GENERALIZED ARTERIOSCLEROSIS			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4200	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 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 11-10-57 , to 2-20-59 and last saw ^{her} him alive on 2-20-59 Death occurred at 9:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Cavel T. Shaw, M.D.		22b. ADDRESS Hermann, Mo	22c. DATE SIGNED 2-21-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 22-1959	23c. NAME OF CEMETERY OR CREMATORY ST. Joseph Cemetery	23d. LOCATION (city, town, or county) (State) RFD HERMANN MO
24. FUNERAL DIRECTOR ADDRESS HUGO H. Blumer HERMANN MO		25. DATE RECD. BY LOCAL REG. 2-21-59	26. REGISTRAR'S SIGNATURE Delma Uffelmann

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 *Chas. M. Pope*

Licensed Embalmer No. *2552*

P. O. Address *Hennepin*

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.