

FEDERAL BUREAU OF INVESTIGATION FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039924

FILED VS. NOV 3 0 1959 149

Primary Registration District No. 1002 Registrar's No. 5417

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> Length of stay in 1b <u>55 years</u> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. ST. Joseph Hosp</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>8216 MAIN</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>A</u> Last <u>Biersmith SR.</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>6</u> Year <u>1959</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>CAUC.</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>July 2, 1902</u>		9. AGE (last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Advertising Sales</u>				11. BIRTHPLACE (City and state or country) <u>New York City N.Y.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Edward L. Biersmith</u>				13b. MOTHER'S MAIDEN NAME <u>ANNA Brady</u>				14. NAME OF HUSBAND OR WIFE <u>Muriel Biersmith</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>492-18-8281</u>				17. INFORMANT <u>MRS MURIEL BIERSMITH</u> Address <u>8216 MAIN</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Artery Infarction</u> 1 hr. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u> </u>															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <u> </u> a.m. <u> </u> p.m. <u> </u>				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 <u>10-2-54</u> to <u>11-6-57</u> and last saw her/him alive on <u>11-6-57</u> Death occurred at <u>5:50 PM.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) <u>D.R. Zapp, Jr. M.D.</u>						22b. ADDRESS <u>1027 E. 75. AC MO.</u>			22c. DATE SIGNED <u>11-7-59</u>						
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				23b. DATE <u>Nov. 9, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>				23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>					
24. FUNERAL DIRECTOR <u>Muehlebach</u> ADDRESS <u>6800 TROUST</u>						25. DATE RECD. BY LOCAL REG. <u>11-11-59</u>			26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Lydson, Jr.

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. 4997.
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address K. C. 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.