

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036711

AMENDED

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 103

STATE FILE NUMBER

FILED OCT 24 1961

a. COUNTY

Howard

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Howard

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN FayetteLength of stay in 1b
1 monthc. CITY
OR TOWN New FranklinInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lee HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
107 PearlReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
AnnaMiddle
K.Last
Biesemeyer4. DATE
OF DEATHMonth
OctoberDay
13Year
1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Dec. 12, 1877

83

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (City and state or country)

Warren County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Henry Dusenberg

13b. MOTHER'S MAIDEN NAME

Fredericka Dewell

14. NAME OF HUSBAND OR WIFE

William E. Biesemeyer

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.

None

17. INFORMANT

Address

Mrs. Cora Russell New Franklin, 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)

Cerebral Thrombosis -

INTERVAL BETWEEN
ONSET AND DEATH

6 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

arteriosclerosis -

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Intestinal obstruction

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐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 Sept 9, 1961 to Oct 13, 1961 and last saw her alive on Oct 13, 1961

Death occurred at 8:22 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. P. Leach M.D.

22b. ADDRESS

Fayette, Mo

22c. DATE SIGNED

10/17/61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Oct. 16, 1961

23c. NAME OF CEMETERY OR CREMATORY

Mt. Pleasant Cem.

23d. LOCATION (City, town, or county)

New Franklin

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Markland Hall New Franklin, Mo.

25. DATE RECD. BY LOCAL REG.

10-17-61

26. REGISTRAR'S SIGNATURE

Katherine Welch

NOV 8 1961

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 Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address New Franklin, 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.