

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043506

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 224 Primary Registration District No. 4531 Registrar's No. 82

FILED DEC 1 1962

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| VS 300 Rev. 4/59 | DATE AMENDED |
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| 1. PLACE OF DEATH a. COUNTY <u>Monteau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Monteau</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jameton</u> | | c. CITY OR TOWN <u>Jameton</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 mi north of Jameton</u> | | d. STREET ADDRESS (If outside, give location) <u>2 mi. north</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>SOPHIA</u> Middle <u>LOUISE</u> Last <u>BIERI</u> | | 4. DATE OF DEATH Month <u>Dec.</u> Day <u>6</u> Year <u>1962</u> | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-29-1878</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Jameton</u> | 11. BIRTHPLACE (City and state or country) <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>John Reuzger</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rosina Wysz</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Ulrich Bieri</u> | | 17. INFORMANT <u>Mrs. Ruth Rohrbach</u> Address <u>California Mo</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>Cardiac failure</u> DUE TO (b) <u>Cardio-vascular Disease</u> (c) <u>Herpes Zoster</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>10 years</u> <u>7 days</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 checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | 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>Nov 28 1962</u> to <u>Dec 6 1962</u> and last saw her/him alive on <u>Dec 5 1962</u> . Death occurred at <u>3:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Edward A. Kibbe M.D.</u> | | 22b. ADDRESS <u>California Mo</u> | |
| 22c. DATE SIGNED <u>12/6/62</u> | | 22d. LOCATION (City, town, or county) (State) <u>California Mo.</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>12-9-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u> | 23d. LOCATION (City, town, or county) (State) <u>California Mo.</u> |
| 24. FUNERAL DIRECTOR <u>A. E. Wilson</u> | ADDRESS <u>California Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>12/8/62</u> | 26. REGISTRAR'S SIGNATURE <u>Helen L. Gypay</u> |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 A. E. Wilson

Licensed Embalmer No. 2361

P. O. Address California 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.