

FILED MAY 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14863**BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 1000 Registrar's No. 538

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Monroe Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) St. Joseph Route #3	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) _____ c. (Last) Biester			4. DATE OF DEATH (Month) (Day) (Year) May 9 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 19, 1895
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Andrew Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Biester	13b. MOTHER'S MAIDEN NAME Theresa Wille
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War #1	16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mr George Biester		ADDRESS Route #3 St. Joe	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic Shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Contusion of Rt Chest Frac. DUE TO (c) two of Ribs Emphysema II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 1 day		INTERVAL BETWEEN ONSET AND DEATH 1 day	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. E9121	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Fell off Tractor	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Joseph RR 3 Buchanan Mo	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 9 1949 2⁰⁰
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell off Tractor		18
22. I hereby certify that I attended the deceased from May 9, 1949 , to May 9, 1949 , that I last saw the deceased alive on May 9, 1949 , and that death occurred at 6:15 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Gustav A. Farn		23b. ADDRESS W. D. Kirkpatrick Bldg St. Joseph Mo	23c. DATE SIGNED May 10-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/12/1949	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemtery	24d. LOCATION (City, town, or county) (State) Andrew County Mo.
DATE REC'D BY LOCAL REG May 12/1949	REGISTRAR'S SIGNATURE E. G. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE Norman W. Biedenbach
ADDRESS 1802 Union St		(Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

NOV 18 1949

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
Student Embalmer

Signed _____

Robert H. Gable
Licensed Embalmer No. 3308

P. O. Address St Joseph 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 this body is not embalmed, fact should be so stated above.