

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8991**

No. 300  
10.48  
FED APR 2 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5136 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Beaver Dam Twp/6 Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Beaver Dam Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If rural, give location) <b>Rte. 5</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WILLIAM</b>	b. (Middle) <b>BITER</b>	c. (Last) <b>BITER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 2 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 2, 1879</b>	9. AGE (In years last birthday) <b>73</b>	# UNDER 1 YEAR Months <b>7</b> Days <b>0</b>	# UNDER 2 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Brookport, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>J. W. Biter</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Boular</b>	14. NAME OF HUSBAND OR WIFE <b>Carrie Biter</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Carrie Biter</b>	ADDRESS <b>Poplar Bluff, Mo. R. 5</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis general</b>		
	DUE TO (c) <b>Chronic valvular heart disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1953, to 2 Mar, 1953, that I last saw the deceased alive on 26 Feb, 1953, and that death occurred at 12:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE <b>Cyril A. Post, M.D.</b> (Degree or title)	23b. ADDRESS <b>Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>24 Mar 53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar. 5, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mounds Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lilbourn, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>March 25 1953</b>	REGISTRAR'S SIGNATURE <b>Wm H Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Landess Funeral Home, Campbell, Mo</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 31 1953

BUTLER CO. HEALTH CENTER

FILE No. 353-153

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 Christina M. Landeen

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.