

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8205

State File No. ....

FILED MAR 19 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 51340 Registrar's No. 284

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural: Washington</b>	c. LENGTH OF STAY (In this place) <b>77 years</b>	c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>1/2 mile N. of city limits on old Amazonia Road</b>		e. STREET ADDRESS (If rural, give location) <b>R. R. # 7</b>	

3. NAME OF DECEASED (Type or Print) <b>CATHERINE BIEHLEN</b>			4. DATE OF DEATH (Month) - (Day) (Year) <b>March 9, 1956</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>August 13, 1866</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Wathena, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Simon Kiefer</b>	13b. MOTHER'S MAIDEN NAME <b>Christene Rothman</b>	14. NAME OF HUSBAND OR WIFE <b>Fred Biehlen</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. C.F. Kiefer, 1919 Holman, St. Joseph, Mo</b>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MARKED MYOCARDIAL INSUFFICIENCY</b>		<b>3 WEEKS</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>SEVERE ARTERIO-SCLEROSIS</b>		<b>UNKNOWN</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>SUBTROCHANTERIC FRACTURE OF RIGHT HIP</b>			<b>Feb 2, 1956</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4221F</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <b>SUICIDE ACCIDENT</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Washington Twp., Rural Buchanan Missouri</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Feb 2, 1956 4:00A m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Blind, tripped and fell over rug</b>

22. I hereby certify that I attended the deceased from **NOV. 10, 1955**, to **MARCH 9, 1956** that I last saw the deceased alive on **MARCH 7, 1956**, and that death occurred at **9:00A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L. Pifer</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1302 FARM ST. ST. JOSEPH Mo.</b>	23c. DATE SIGNED <b>3-10-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>3/12/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>
DATE REC'D BY LOCAL REG. <b>Mar 14, 1956</b>	REGISTRAR'S SIGNATURE <b>Catherine M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wheaton - Bowman St. Joseph, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.18

80 89

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 *William Spelling*.....

Licensed Embalmer No. 4535

P. O. Address 375 1/2 St. N. W.

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.