

Health, Welfare  
Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008889

STATE FILE NUMBER

FILED MAR 24 1958

Registration District No.

42

Primary Registration District No.

1000

Registrar's No.

272

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>Gentry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>King City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Meth. Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>(No Street Address)</b>	
3. NAME OF DECEASED (Type or print) First <b>LUELLA</b> Middle <b>JANE</b> Last <b>BIERDANZ</b>		4. DATE OF DEATH Month <b>Feb.</b> Day <b>27,</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 15, 1881</b>
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>Self Employed</b>	9. AGE (In years last birthday) <b>76</b>
13a. FATHER'S NAME <b>William A Hughes</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah E. Hayes</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If no, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>493-42-4635</b>	14. NAME OF HUSBAND OR WIFE <b>Robt. Eierdanz</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Primary Ca in Lt Breast</b>			<b>1 year</b>
DUE TO (c) _____			<b>170X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.) <b>2</b>		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK 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 <b>Dec '57</b> to <b>Feb 58</b> and last saw her alive on <b>Feb. 27, 1958</b> Death occurred at <b>8:30 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Joseph L. Fisher M.D.</b>		22b. ADDRESS <b>824 Edmond St.</b>	22c. DATE SIGNED <b>3/3/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Feb. 27, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>King City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>King City, Missouri</b>
24. FUNERAL DIRECTOR <b>Harold E. Hoodrel</b>		25. DATE RECD. BY LOCAL REG. <b>Mar. 6, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(License Embalmer's Statement on Reverse Side)

NOV 13 1958

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 *Harold E. Radcl* .....

Licensed Embalmer No. *4609* .....

P. O. Address *King City, N.C.* .....

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.