

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019029

STATE FILE NUMBER

DECEASED JUN 9 1958 Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 37

S. 300
1-57

06603

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>IOWA</u> b. COUNTY <u>0170</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LAKE OZARK</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>3012 48th ST.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>EDGEWATE BEACH RESORT - Ida</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>DES MOINES, IOWA</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>WAYNE</u> Middle <u>William</u> Last <u>BIEN</u>			4. DATE OF DEATH Month <u>May</u> Day <u>31</u> Year <u>1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 10, 1918</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>ARKANSAS, Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>DAVID H. BIEN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BRUENIG</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL BIEN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNAVAILABLE</u>		17. INFORMANT Address <u>MRS. PEARL BIEN DES MOINES, IOWA</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>SUFFOCATION by DROWNING</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					9298 42
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 checked="" 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 <u>4:45</u> p.m. Month <u>MAY</u> Day <u>31</u> Year <u>1958</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>LAKE OF THE OZARKS</u>		20f. CITY, TOWN, OR LOCATION <u>LAKE OZARK</u> COUNTY <u>MILLER</u> STATE <u>MO.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>4:45 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Herman V. Abbett, Sheriff</u>			22b. ADDRESS <u>Summerville, Mo.</u>		22c. DATE SIGNED <u>5-31-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>JUNE 2, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CANNON FALLS</u>		23d. LOCATION (City, town, or county) (State) <u>CANNON FALLS MINN</u>
24. FUNERAL DIRECTOR <u>Louis D. Phillip</u> ADDRESS <u>bedon</u>			25. DATE RECD. BY LOCAL REG. <u>June 1, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Adveretta Waltz</u>

RECEIVED

JUN 4 '58

Miller County
Health Department

JUN 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 *Louis D. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Bedon*

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.