

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013917

STATE FILE NUMBER

FILED MAY 13 1959

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 50

Robert V. Best M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <i>Rafayette</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Rafayette</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Higginsville</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Higginsville</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4508 Shelly</i>		Length of stay in <i>Evening</i>	d. STREET ADDRESS (If outside, give location) <i>1300 Shelly</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Wesley</i> Middle <i>Henry</i> Last <i>Bierbaum</i>			4. DATE OF DEATH Month <i>Apr.</i> Day <i>26</i> Year <i>1959</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 25, 1911</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Auto Agency & Garage</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Garage Owner</i>	11. BIRTHPLACE (City and state or country) <i>Folsom Mo.</i>
13a. FATHER'S NAME <i>Julius Bierbaum</i>		13b. MOTHER'S MAIDEN NAME <i>Minnie Vahrenberg</i>	14. NAME OF HUSBAND OR WIFE <i>Mrs. Louise Bierbaum</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>496-09-4339</i>	17. INFORMANT <i>Mrs. Louise Bierbaum - Higginsville, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute myocardial infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>15 min.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>H2C1</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
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.)		
20c. TIME OF INJURY Hour _____ .Month _____ .Day _____ .Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <i>4/26/59</i> to <i>4/26/59</i> and last saw <i>him</i> alive on <i>4/26/59</i> Death occurred at <i>11:20 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert V. Best, M.D.</i>		22b. ADDRESS <i>Higginsville, Mo.</i>	22c. DATE SIGNED <i>5/1/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Apr. 29, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>City</i>	23d. LOCATION (City, town, or county) (State) <i>Higginsville, Missouri</i>
24. FUNERAL DIRECTOR <i>Wiegner-Rickhoff, Higginsville, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>May 8th</i>	26. REGISTRAR'S SIGNATURE <i>Lutie Gordon Jordan</i>

1951 2 3 1951

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 *Fred Beckel*

Licensed Embalmer No. *4284*

P. O. Address *Figgimville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.