

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS MAY 24 1960

=60-020170

MEMORIALIZED

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 33

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>MONTEAU</u>	a. STATE <u>MU</u>		b. COUNTY <u>OSAGE</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CALIFORNIA</u>	Length of stay in 1b <u>8 Wks.</u>	c. CITY OR TOWN <u>CHAMUIS</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LATHUM SANITARIUM</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>HENRY</u>	Middle <u>FREDERICK</u>	Last <u>BIESEMEYER</u>	4. DATE OF DEATH	Month <u>MAY</u>	Day <u>9</u>	Year <u>1960</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</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>9-17-1976</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Builder</u>	11. BIRTHPLACE (City and state or country) <u>Herman Mo. U.S.A</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>Fritz W Biesemer</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Becker</u>	13c. NAME OF HUSBAND OR WIFE <u>Emma Ketterberk</u>
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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>none</u>	17. INFORMANT <u>Mrs Emma Biesemer</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Cardiovascular failure</u>	<u>1 day.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cardio-vascular disease</u>	<u>15 yrs</u>
	DUE TO (c) <u>Arterio-sclerosis</u>	<u>15 yrs</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from <u>April 11 60</u> to <u>May 9 60</u> and last saw him alive on <u>May 9 1960</u>
Death occurred at <u>10 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Edgar A. Kibbs M.D</u>	(Degree or title)	22b. ADDRESS <u>California MO</u>	22c. DATE SIGNED <u>5/10/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>5-12-60</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>	23d. LOCATION (City, town, or county) <u>Chamuis Mo Osage</u>
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24. FUNERAL DIRECTOR <u>E J Meyer</u>	ADDRESS <u>Gerald Mo</u>	25. DATE RECD. BY LOCAL REG. <u>5, 12, 60</u>	26. REGISTRAR'S SIGNATURE <u>Helmut Pappey</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0861 9 - NOV SA

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

Stanley E. Meyer

Licensed Embalmer No.

4639

P. O. Address

Chiswick

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.