

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020543

STATE FILE NUMBER

Registration District No. 760 Primary Registration District No. 559v Registrar's No. 81

DO NOT WRITE ON THIS STUB AMENDED

VS 300
Rev. 4/59

1 0500
2 0500

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED JUN 13 1963		1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JEFF.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOACHIM		Length of stay in 1b		c. CITY OR TOWN FESTUS Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. MEMORIAL HOSP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS R#3 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GILBERT Middle H. Last BIEHLE			4. DATE OF DEATH Month JUNE Day 2 Year 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-2-1911	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GLASSWORKER		10b. KIND OF BUSINESS OR INDUSTRY P.P.G.CO.		11. BIRTHPLACE (City and state or country) CAPE CO. MO.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME LOUIS J. BIEHLE		13b. MOTHER'S MAIDEN NAME BARBARA M. BAUMAN	
14. NAME OF HUSBAND OR WIFE GENEVIEVE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO			
16. SOCIAL SECURITY NO. 		17. INFORMANT Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Cervical Spine					INTERVAL BETWEEN ONSET AND DEATH 2 hrs
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)				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	
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.) two car highway accident.			
20c. TIME OF INJURY Hour 2:45 a.m. p.m. Month, Day, Year 6/2/63					
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.) Highway		20f. CITY, TOWN, OR LOCATION Valle Twsp. Jeff. Mo.	
21. I attended the deceased from Coroner's View to _____ and last saw her/him alive on _____ Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>James C. Johnson</i>		22b. ADDRESS Festus, Missouri		22c. DATE SIGNED 6/3/63	
23a. BURIAL, CREMATION, (Specify) BURIAL		23b. DATE 6-5-63		23c. NAME OF CEMETERY OR CREMATORY CATHOLIC	
23d. LOCATION (City, town, or county) CRYSTAL CITY, MO.		23e. STATE (State)			
24. FUNERAL DIRECTOR GENTRY R. POLITTE ADDRESS CRYSTAL CITY, MO.		25. DATE REC'D BY LOCAL REG. 6-4-63		26. REGISTRAR'S SIGNATURE <i>James C. Johnson</i>	

FEB 24 1964

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1964

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

Geoffrey R. Pollette

Licensed Embalmer No. 3481

P. O. Address Crystal City

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.