

FILED FEB 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Stewart 4580
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 158

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield,</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield,</u> <u>0371</u>	
c. LENGTH OF STAY (in this place) <u>5</u> days		d. STREET ADDRESS (If rural, give location) <u>807 E. Loren</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hosptial</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie</u>	b. (Middle)	c. (Last) <u>Bishop</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). <u>Widowed</u> <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 17, 1868</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u>	IF UNDER 2 HRS. Hours <u>2</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>In Home</u>	11. BIRTHPLACE (State or foreign country) <u>Sparta, Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Mathias Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Dearde Norgard</u>	14. NAME OF HUSBAND OR WIFE <u>P. P. Bishop</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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. L. Montgomery</u>	ADDRESS <u>Springfield,</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>	Mo. INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>491X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>491X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 14, 1952, to Feb 19, 1952, that I last saw the deceased alive on Feb 18, 1952, and that death occurred at 6:30a m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Wendell Stewart</u> M.D.	(Degree or title)	23b. ADDRESS <u>203 Professional Bldg. Springfield 4 Mo</u>	23c. DATE SIGNED <u>Feb 19, 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 21, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Schell City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-20-52</u>	REGISTRAR'S SIGNATURE <u>James A. Amos, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gorman-Scharof Funeral Home, Inc.</u>	ADDRESS <u>Springfield, Missouri</u>
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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
Student Embalmer

Signed *L. Doolan Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Danvers 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 this body is not embalmed, fact should be so stated above.