

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26935

FILED JUL 22 1952

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6226 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY Vernon 1089		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon 1089	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R. F. D. #2 Deerfield, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cole R. F. D. #2 Deerfield, Mo. township	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) R. F. D. #2 Deerfield, Mo. 2mi. E. of Eve, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION at his home, 2mi. E. of Eve,			

3. NAME OF DECEASED (Type or Print)	a. (First) Herman	b. (Middle) E.	c. (Last) Bishop	4. DATE OF DEATH (Month) (Day) (Year)
				July 14, 1952

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 13, 1882	9. AGE (In years) (Month) (Day) 69 10 1	IF UNDER 1 YEAR 1 Days	IF UNDER 2 HRS. 1 Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY farmer	11. BIRTHPLACE (State or foreign country) Eve, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Bishop	13b. MOTHER'S MAIDEN NAME Sarah Cox	14. NAME OF HUSBAND OR WIFE Ona "Peak" Bishop
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ona Bishop	ADDRESS R. F. D. Deerfield
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH —
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Kidney Conditions		
	DUE TO (c) died suddenly		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Investigation revealed		—	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION an inquest unnecessary	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201 never
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Vernon County or title) Walter D. Shuman, Coroner	23b. ADDRESS Nevada, Missouri	23c. DATE SIGNED 7-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE July 15, 1952	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem. K.C.MO.	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 7-15-1952	REGISTRAR'S SIGNATURE Anna J. Ferrajo	25. FUNERAL DIRECTOR'S SIGNATURE O.A. Cheney	ADDRESS Ft. Scott, Kans.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 OO Cherry

Licensed Embalmer No. 2613

P. O. Address 74 Scott Kansas

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.