S. No. 300
v. 10.48

FILED OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30758

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1047

3117
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1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 11m-5d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Letts Nursing Home 716 North 6th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 716 North 6th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Bert
b. (Middle):
c. (Last): Bishop

4. DATE OF DEATH (Month) (Day) (Year): 10 6 52

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 7-11-1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (City and State or Foreign Country): Knoxville Iowa
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Abijiah Wines Bishop
13b. MOTHER'S MAIDEN NAME: Julia Ann Fort
14. NAME OF HUSBAND OR WIFE: Edith Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 493-18-1638
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: B.O.Bishop, Polo, Missouri

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertensive Heart Disease
DUE TO (c): Hemiplegia

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Hypostatic Pneumonia, Hypertrophic Arthiritis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Hypertrophic Osteo-arthritis
20. AUTOPSY? YES ☐ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 443X

22. *I hereby certify that I attended the deceased from* Sept 10, 1952, *to* October 6, 1952, *that I last saw the deceased alive on* Oct. 6, 1952, *and that death occurred at* 11 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. Handler MD
23b. ADDRESS: Physicians + Surg. Bldg St. Joseph
23c. DATE SIGNED: 0425

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10-8-1952
24c. NAME OF CEMETERY OR CREMATORY: Kingston Cemetery
24d. LOCATION (City, town, or county) (State): Kingston, Missouri

DATE REC'D BY LOCAL REG.: October 8, 1952
REGISTRAR'S SIGNATURE: Carl C. Castle
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Cramer Clark, Kingston, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 29 1952

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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.