

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15310

State File No.

BIRTH NO. <u>2892454</u> REG. DIST. NO. <u>77</u> PRIMARY REG. DIST. NO. <u>3016</u> Registrar's No. <u>132</u>			
1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City 266</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>734 Clark Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kelli</u> b. (Middle) <u>Ann</u> c. (Last) <u>Bishop</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 11 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>5-10-54</u>	
9. AGE (In years last birthday) <u>1</u>		10. UNDER 1 YEAR <u>1</u> OF UNDER 2 HRS. Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>MO. (Jefferson City, Mo.)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ray Bishop</u>		13b. MOTHER'S MAIDEN NAME <u>Marjorie Gibson</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ray Bishop</u>		ADDRESS <u>Jefferson City, Mo.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis, Bilateral, Congenital</u> ANTECEDENT CAUSES DUE TO (b) <u>Diaphragmatic Hernia, Left</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anomaly of Aortic Vessels</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>		<u>76:20</u>	
19a. DATE OF OPERATION <u>5-11-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Left Diaphragmatic Hernia</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>May 10</u> , 19 <u>54</u> , to <u>May 11</u> , 19 <u>54</u> that I last saw the deceased alive on <u>May 11</u> , 19 <u>54</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John S. Sennett, M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>	
23c. DATE SIGNED <u>5-12-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 12 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pineview</u>		24d. LOCATION (City, town, or county) (State) <u>Cole County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 14-1954</u>		REGISTRAR'S SIGNATURE <u>R.P. Dorris M.D.-M.R.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Andrew J. C. M.</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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

Body Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.