No. 300
10.48

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

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16385

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 102

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1309 Sophia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Carthage
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1309 S ophia

6493
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3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Elmer
c. (Last): Bishop

4. DATE OF DEATH (Month) (Day) (Year): 5-10-1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-16-1875
9. AGE (In years last birthday): 78
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): Rug W eaver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Postville Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: C.J. Bishop
13b. MOTHER'S MAIDEN NAME: Annis Chough
14. NAME OF HUSBAND OR WIFE: Maude A. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unk
16. SOCIAL SECURITY NO.: unk
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Maude Bishop Carthage, 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) Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
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?

22. *I hereby certify that I attended the deceased from* Died, 19 not attended, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 5:00 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George Vickam Sheriff & act. Coronor
23b. ADDRESS: Jasper County Carthage Mo.
23c. DATE SIGNED: 5-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-11-54
24c. NAME OF CEMETERY OR CREMATORY: Hackney Cemetery
24d. LOCATION (City, town, or county) (State): N. East of Carthage, Mo.

DATE REC'D BY LOCAL REG.: 5-12-54
REGISTRAR'S SIGNATURE: Lloyd B. Clinton M.D. 139-P
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ulmer Funeral Home Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 21 1954

RECEIVED
Jasper County Health Office
County File Number 54-5-378
Date Filed MAY 21 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William B. Cant

Licensed Embalmer No. 4 8

P. O. Address Cartha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.