

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26793**

FILED AUG 23 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 786

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>	
c. LENGTH OF STAY (In this place) <u>14 years</u>		d. STREET ADDRESS (If rural, give location) <u>2100 W. Wall</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2100 W. Wall</u>		e. ADDRESS <u>2100 W. Wall</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Lvcurgus</u> c. (Last) <u>Bishop</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 13, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>February 10, 1864</u>		9. AGE (In years last birthday) <u>90</u>		10. IF UNDER 1 YEAR (Months) (Days) <u>6 5</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Alhambra, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. IF UNDER 28 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brass Works</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Alhambra, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. IF UNDER 28 HRS. (Hours) (Min.)		14. NAME OF HUSBAND OR WIFE <u>Estelle Bishop</u>	

13a. FATHER'S NAME <u>Luther Bishop</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Foulk</u>		14. NAME OF HUSBAND OR WIFE <u>Estelle Bishop</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Estelle Bishop</u> ADDRESS <u>Springfield,</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			Mo.	INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		DUE TO (b) <u>Arteriosclerosis</u>				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Myocarditis chronic</u>				
II. OTHER SIGNIFICANT CONDITIONS <u>Semiplety</u>		Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) (Min.)		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 July 1954 to Aug 15, 1954, that I last saw the deceased alive on Aug 14, 1954, and that death occurred at 11:15 P.M.; from the causes and on the date stated above.

23. SIGNATURE <u>J. Newton Holloman</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>8-16-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 18, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>8-16-54</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gorman-Scharrf Funeral Home, Inc</u> ADDRESS <u>Springfield, Missouri</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

*Lewis G. Scharpf*

Licensed Embalmer No. *3802*

P. O. Address *Springfield, Ill.*

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.