

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14812**No. 300  
10.48

0147

BIRTH NO. _____		REG. DIST. NO. <b>47</b>		PRIMARY REG. DIST. NO. <b>3008</b>		Registrar's No. <b>127</b>	
1. PLACE OF DEATH a. COUNTY <b>Callaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fulton, Mo.</b>		c. LENGTH OF STAY (In this place) <b>12 yrs</b>		c. CITY OR TOWN <b>St Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital #1</b>				e. STREET ADDRESS (If rural, give location) <b>2009</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Bishop</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>May 11 1955</b>				
5. SEX <b>male</b>		6. COLOR OR RACE <b>negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Dec 6 1909</b>	
9. AGE (In years Last birthday) <b>46</b>		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) <b>Plasterer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Plastering</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles Bishop</b>		13b. MOTHER'S MAIDEN NAME <b>Fannie Boone</b>		14. NAME OF HUSBAND OR WIFE <b>unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>D.K.</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>D.K.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>State Hospital Records, Fulton, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intestinal Obstruction</b>					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		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. <b>5705</b>					
19a. DATE OF OPERATION <b>5/1155</b>		19b. MAJOR FINDINGS OF OPERATION <b>Intestinal Obstruction and Peforation</b>				20. AUTOPSY? YES <input 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) (m.)		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 <b>Oct 17 1954</b> , to <b>May 11 1955</b> , that I last saw the deceased alive on <b>May 11 1955</b> , and that death occurred at <b>6:35 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H. O. Cremer, M.D.</b> (Degree or title)				23b. ADDRESS <b>State Hospital #1</b>		23c. DATE SIGNED <b>5/11/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>5-16-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>State Hosp no 1</b>		24d. LOCATION (City, town, or county) (State) <b>Fulton Mo</b>	
DATE REC'D BY LOCAL REG <b>May 16 1955</b>		REGISTRAR'S SIGNATURE <b>Narretta Lawrence</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>B.C. Leuchs Fulton Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....  
Signature of Student Embalmer

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.**

**If this body is not embalmed, fact should be so stated above.**