

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8996

State File No.

FILED MAR 21 1956

921

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> ; b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>18 DAYS</u>	c. CITY OR TOWN <u>NORTH KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN</u>		STREET ADDRESS (If rural, give location) <u>2113 FAYETTE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leslie</u>	b. (Middle) <u>EARI</u>	c. (Last) <u>Bishop</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 29 1956</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>SEPT. 26 1892</u>	9. AGE (In years last birthday) <u>63</u>	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) <u>SUPT. ST. Regis PAPER Mill Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>RANDOLPH, Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
---	-----------------------------------	---	---

13a. FATHER'S NAME <u>CHARLES Bishop</u>	13b. MOTHER'S MAIDEN NAME <u>KATE Condon</u>	14. NAME OF HUSBAND OR WIFE <u>Lucile Bishop</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>486-09-7033</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. Lucile Bishop</u>	ADDRESS <u>2113 FAYETTE</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Embolus from Mural Thrombus</u> <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>myocardial Infarction</u>		<u>2 Wks</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>10 yrs</u> <u>4200</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Dec 1, 1956, to Feb 29, 1956, that I last saw the deceased alive on Feb 29, 1956, and that death occurred at 2:59pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward Fischer M.D.</u> (Degree or title)	23b. ADDRESS <u>306 E 21st NHC 16 MO</u>	23c. DATE SIGNED <u>3-1-56</u>
---	--	--------------------------------

24a. BURIAL CREMATION (REMOVAL) (Specify)	24b. DATE <u>MAR-3-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McCulloch CEM</u>	24d. LOCATION (City, town, or county) (State) <u>TRIPPLETT MO.</u>
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. <u>3-2-56</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's SON'S N.K.C.</u>	ADDRESS
--	--	--	---------

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.....
Signature of Student Embalmer

Signed..... *John H. Hill*

Licensed Embalmer No. 458

P. O. Address .. K. C. 16.2

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.