

FILED MAY 10 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

15258

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>391</u>		PRIMARY REG. DIST. NO. <u>4505</u>		Registrar's No. <u>8</u>			
1. PLACE OF DEATH a. COUNTY <u>STODDARD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STODDARD</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Bell City</u>		c. LENGTH OF STAY (in this place) <u>30 days</u>		c. CITY OR TOWN <u>PAINTON</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shetley Funeral Home</u>				e. STREET ADDRESS (If rural, give location) <u>S.E. Bell City, MO</u>					
3. NAME OF DECEASED (Type or Print) <u>Granville</u>		a. (First)		b. (Middle) <u>A.</u>		c. (Last) <u>Bishop</u>			
4. DATE OF DEATH <u>APRIL 15 1956</u>		(Month) (Day) (Year)		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>MAR. 23 1868</u>		9. AGE (In years last birthday) <u>94</u>		IF UNDER 18: YEAR Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Granville Bishop</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SPARS</u>		14. NAME OF HUSBAND OR WIFE <u>Russie Bishop (Dec)</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs OREN McMACKINS</u> ADDRESS <u>PAINTON, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>				ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Senility</u>					
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS					
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? <u>4222</u>		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) _____		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>Jan</u> , 19 <u>56</u> , to <u>April 15</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>April 11</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>E.C. Masters</u>				23b. ADDRESS <u>No. 2 Advance, Mo.</u>		23c. DATE SIGNED <u>April 18, 1956</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/17/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple</u>		24d. LOCATION (City, town, or county) (State) <u>Caethersville MO</u>			
DATE REC'D BY LOCAL REG. <u>5/1/56</u>		REGISTRAR'S SIGNATURE <u>Jessie Mae</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shetley Funeral Home</u>		ADDRESS <u>Bell City, MO</u>			

(Licensed Embalmer's Statement)

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

MAY 10 1956

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 *Charles E. Mungle*.....

Licensed Embalmer No. 4877

P. O. Address *Putnam, Ill.*.....

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