

FILED NOV 19 1956

STANDARD CERTIFICATE OF DEATH

37628

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1041

| | | | | | | | |
|---|-------------------------------|---|---|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Greene</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Springfield</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1444 Kimbrough</u> | | Length of stay in lb <u>70 yrs.</u> | | d. STREET ADDRESS <u>1444 Kimbrough</u> ((If outside, give location)) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>ETTA</u> Middle <u>BISHOP</u> Last <u>BISHOP</u> | | | | 4. DATE OF DEATH <u>Nov. 15, 1956</u> Month <u>Nov</u> Day <u>15</u> Year <u>1956</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>April 18, 1870</u> | | 9. AGE (In years (not birthday)) <u>86</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (City and state or country) <u>Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Frank Hoffman</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Mary McMillen</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT Address <u>Mrs. Phoebe Ward R. # 12, Springfield</u> MO. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Unknown</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>UNATTENDED BY A PHYSICIAN</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter type of injury in Part I or Part II of item 18.) <u>7955</u> | | | | | |
| 20c. TIME OF INJURY: Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u> | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. I attended the deceased from _____ to <u>Nov. 15, 1956</u> and last saw her alive on _____ Death occurred at <u>7:30</u> A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Emma Williamson</u> | | | | 22b. ADDRESS <u>Stems Co Court House</u> | | 22c. DATE SIGNED <u>11-16-56</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Nov. 16, 1956</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u> | | 23d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Ralph Thieme Springfield, Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>11-16-56</u> | | 26. REGISTRAR'S SIGNATURE <u>Emma Williamson</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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... *Lee Mason*

Licensed Embalmer No. 4568

P. O. Address Springfield

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