

pt. Health,
c., & Welfare
S. Public
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38639
STATE FILE NUMBER

FILED OCT 16 1957

Registration District No. 31 17 Primary Registration District No. 590 Registrar's No. 2305

V. S. 500
Rev. 4-57

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Berkley City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Montgomery City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Edgewood Retreat		Length of stay in 1b 18 days	d. STREET ADDRESS (If outside, give location) Local		Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Wilford Middle G. Last Bishop			4. DATE OF DEATH Month Sept. Day 12 Year 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 10, 1876	9. AGE (In years last birthday) 80	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) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) San Jose, California		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Samuel Bishop		13b. MOTHER'S MAIDEN NAME Alice Hayden		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Wendell Bishop Montgomery City, 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) Ventricular Fibrillation DUE TO (b) Calcific aortic stenosis DUE TO (c) 4211 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis, Generalized					INTERVAL BETWEEN ONSET AND DEATH Immediate
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" 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 Jan 15 1954 to Sept 12 1957 and last saw him alive on 24 August 1957 Death occurred at 7:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Joseph W. Walsh, M.D.			22b. ADDRESS 100 N. Euclid, St. Louis 8		22c. DATE SIGNED 9/16/57
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Sept. 13	23c. NAME OF CEMETERY OR CREMATORY LOCAL CEMETERY		23d. LOCATION (City, town, or county) (State) Montgomery City, Mo.
24. FUNERAL DIRECTOR Schlanker		ADDRESS Montgomery, City, Mo.		25. DATE RECD. BY LOCAL REG. 9-17-57	26. REGISTRAR'S SIGNATURE Herbert S. Donker M.D. arc

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Harvey Fable*

Licensed Embalmer No. *4596*
P. O. Address *Elvissant*

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.