

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009094

FILED MAR 17 1958

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		c. CITY OR TOWN Fulton <u>0143</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 821 Bluff St.		d. STREET ADDRESS 821 Bluff St. (If outside, give location)	
Length of stay in 1b 4 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First John Middle William Last Bishop			4. DATE OF DEATH Month March Day 4 Year 1958		
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 Dec. 3, 1866	9. AGE (In years last birthday) 91	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Lynn County Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jefferson Bishop			14. MOTHER'S MAIDEN NAME Sarah Earnest		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If (yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Charles Bishop Address Fulton, 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) Information of age		INTERVAL BETWEEN ONSET AND DEATH year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Serology	—
	DUE TO (c)	—
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 794X		
20c. TIME OF INJURY Hour — Month, Day, Year — a. m. — p. m. —			20d. INJURY OCCURRED WHILE AT WORK <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 _____ and last saw her alive on _____ Death occurred at 1 a. m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE Nancy A. Stewart Coroner (Degree or title)		22b. ADDRESS Fulton Mo		22c. DATE SIGNED 3/6/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/5/58	23c. NAME OF CEMETERY OR CREMATORY Liberty	23d. LOCATION (City, town, or county) (State) Shamrock Callaway County Mo		
24. FUNERAL DIRECTOR Mason Funeral Home Fulton Mo		25. DATE RECD. BY LOCAL REG. March 14-1958	26. REGISTRAR'S SIGNATURE Maretta Lawrence		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must report only diseases in Part I that are casual causes. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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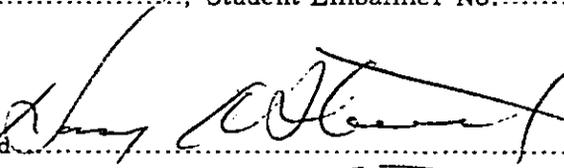
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STATEMENT BY LICENSED EMBALMER

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. 37

P. O. Address Fuller

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.