

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008118

STATE FILE NUMBER

REG MAR 3 1959 Registration District No. 338 Primary Registration District No. 6148 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Dexter</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Bloomfield</b> <i>1030 c'</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Daug. home</b>		Length of stay in 1b <b>wks.</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>LIZETTA</b> Middle <b>---</b> Last <b>BISHOFF</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>2,</b> Year <b>1959</b>		
---	--	--	--	--	--

5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 15-1871</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>17</b>	IF UNDER 24 HRS. Hours <b>---</b> Min. <b>---</b>
---------------------	-------------------------------	---	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (City and state or country) <b>Bloomfield, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	---	---	--

13a. FATHER'S NAME <b>Howard H. Poe</b>	13b. MOTHER'S MAIDEN NAME <b>Not known</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
--	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>---</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Lura Medcalf, Dexter, Missouri</b>	Address
---	--	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac decompensation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Rigid ventricular failure</b>	<b>3 months</b>
	DUE TO (c) <b>Hypertension + arteriosclerosis</b>	<b>3 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>443X</b>		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.)
---	--

20c. TIME OF INJURY Hour <b>---</b> Month, Day, Year <b>---</b> a.m. <b>---</b> p.m. <b>---</b>	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 <b>---</b> STATE <b>---</b>
---	--	--	--

21. I attended the deceased from <b>June 3, 1958</b> to <b>Feb 2, 1959</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>Feb 2, 1959</b> Death occurred at <b>3:30 P. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE <b>L. H. Poe</b> (Degree or title) <b>LOA</b>	22b. ADDRESS <b>Dexter Mo</b>	22c. DATE SIGNED <b>2/10/59</b>
---	----------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 4-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hollis cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Stoddard county, Missouri</b>
--	-------------------------------	--	---

24. FUNERAL DIRECTOR <b>CHILES UND.CO.,</b> ADDRESS <b>Bloomfield, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>2-26-1959</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. George E. Baker</b>
---	--	--

All diseases in Part I must be causally related. MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, & by Lulu Cooper / 3499....., Student Embalmer No. ....  
~~working under my personal supervision.~~

~~Student~~.....  
Signature of Student Embalmer

Signed Juan B. Cooper.....

Licensed Embalmer No. 4119.....  
P. O. Address Bloomfield, Mo.....

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.